2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000062

FILED Apr 27, 2004 Secretary of State

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 4702 GARDENBROOK LN ORLANDO, FL 32821 **Current Mailing Address: New Mailing Address:** PO BOX 770566 ORLANDO, FL 328770566 US FEI Number: 59-2372113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANCASTER, JUDITH M 4702 GARDENBROOK LANE ORLANDO, FL 32821 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HOUSE, MICHAEL HOUSE, MICHAEL Name: Name: 52 E SOUTH ST Address: 52 E SOUTH ST Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: Title: PD (X) Change () Addition () Delete Name: BIRON, LOU Name: BIRON, LOU Address: 18500 US HWY 441 Address: 18500 US HWY 441 City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: () Delete Title: () Change () Addition DRAPER, CHRIS Name: Name: 500 WINDERLEY PLACE Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BLINDER, HAROLD Name: Address: 7900 MIAMI LAKES DR W Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: () Delete Title: (X) Change () Addition COLE, RON COLE, RON Name: Name: 2185 N PARK AVE., STE 7 2185 N PARK AVE., STE 7 Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806 Title: () Delete Title: () Change () Addition FURLOW, REBECCA Name: Name: Address: 1633 E VINE ST Address: KISSIMMEE, FL 34741 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS BIRON PD 04/27/2004

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