

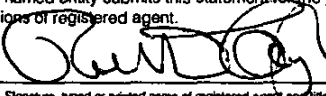
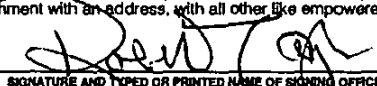


FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 027 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000000062					
1. Entity Name COMMUNITY ASSOCIATIONS INSTITUTE OF FLORIDA, INC.					
Principal Place of Business 4702 GARDENBROOK LN ORLANDO, FL 32821 US			Mailing Address PO BOX 770566 ORLANDO, FL 32877-0566 US		
2. Principal Place of Business 850 Concourse Pkwy, S Suite, Apt. #, etc. Suite 150 City & State Maitland, FL Zip 32751		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
50064874		08312005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-2372113	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LANCASTER, JUDITH M 4702 GARDENBROOK LANE ORLANDO, FL 32821			
7. Name and Address of New Registered Agent Name Robert L. Taylor Street Address (P.O. Box Number is Not Acceptable) 850 Concourse Pkwy, S, Suite 105 City Maitland FL Zip Code 32751		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 9/1/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSE, MICHAEL 52 E SOUTH ST ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mary Dantuma 850 Concourse Pkwy, S, Suite 150 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRON, LOU 18500 US HWY 441 MOUNT DORA, FL 32757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alice Friedman 300 Carolwood Point Fern Park, FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAPER, CHRIS 500 WINDERLEY PLACE MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Robert L. Taylor 850 Concourse Pkwy, S, Suite 105 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLINDER, HAROLD 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Kalser 933 Lee Road, Suite 401 Orlando, FL 32810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, RON 2185 N PARK AVE., STE 7 ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joey Arroyo 179 N. Hwy. 27, Suite E Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURLOW, REBECCA 1633 E VINE ST KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald E. Peck 586 NE Vanda Terrado Jensen Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  D. R. S. - 9/1/05 (407) 660-1240 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

500648 74
193 000000 62

2005 Not-for-Profit Corporation Annual Report - Page 2

COMMUNITY ASSOCIATIONS INSTITUTE OF FLORIDA, INC.

FEI Number: 59-2372113

11. Continued -

Second Page of Additions/Changes to Officers and Directors in 10

Title:	PD
Name:	House, Michael
Street Address:	1969 South Alafaya Trail, #327
City, State, Zip:	Orlando, Florida 32828
Title:	D
Name:	Biron, Lou
Street Address:	25541 SR 46, Bldg A., Suit 2
City, State, Zip:	Mount Plymouth, FL 32776
Title:	D
Name:	Cole, Ron
Street Address:	2185 N Park Ave., Ste 7
City, State, Zip:	Orlando, FL 32806
Title:	D
Name:	Furlow, Rebecca
Street Address:	8009 S. Orange Avenue
City, State, Zip:	Orlando, Florida 32809