# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # N9300000062  1. Entity Name COMMUNITY ASSOCIATIONS INSTITUTE OF FLORIDA, INC.							90038 012 ****	01.23
850 CONCOURSE PKWY S PO I		Mailing Address PO BOX 770566 ORLANDO, FL 32877-0	-					
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2. Principal P	Place of Business	3. Mailing Address P. O. Box 94	1125		1 11   11  11  1  1  1  1  1  1  1  1	<b>                                    </b>	CD    20    DD    CD    C	A MOMONEN ISEN
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01122006	Chg-NP	CR2E037 (11/05	<b>i</b> )
City & State		Marchand Fl	Martiand Florida		4. FEI Number 59-23721	113		Applied For Not Applicable
Zip	Country	Zip 32794	Countr US2	ry A	5. Certificate of	Status Desired	□ \$8.75 / Fee Requ	Additional
	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
TAYLOR, I	ROBERT L			Name				
850 CONCOURSE PKWY S, SUITE 105 MAITLAND, FL 32751				Street Address (P.O. Box Number is Not Acceptable)				
			-	City			<b>r</b> ∎ Zip C	ode
							FL	
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent a			gent signature required		III THE STATE OF FIC	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	-	· —	\$5.00 May Be Added to Fees		ake check payable ida Department of	
10.	OFFICERS AND DIR		11.		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIRECTORS	IN 10
TITLE 1	D HOUSE, MICHAEL	🖾 Delete	TITLE				Chang	
STREET ADDRESS CITY-ST-ZIP			NAME	l			Chang	e 🔲 Addition
UIIT-SI-ZIP I	52 E SOUTH ST		NAME STREET A				L.J Chang	e 🗌 Addition
TITLE	52 E SOUTH ST ORLANDO, FL 32801 PD	☐ Delete		-ZIP	rector		Chang	
NAME	ORLANDO, FL 32801 PD BIRON, LOU	☐ Delete	STREET A CITY-ST TITLE NAME	-zip Diı	rector			
	ORLANDO, FL 32801 PD	☐ Delete	STREET A CITY-ST	-ZIP Dii	rector			
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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 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 Way Contu		1/20/06	407-645-4775
\$IGNATURE AND TYPED OR PRINTED NAM	Date	Daytime Phone #	

### **ATTACHMENT**

11. Continued -

### 40004639 #N9300000062

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

Title:

President Elect

Name:

David Kalser

Street Address:

933 Lee Road

City, State, Zip:

Orlando, FL

Title:

Vice President

Name:

Robert Taylor

Street Address:

850 Concourse Parkway South, Suite 105

City, State, Zip:

Maitland, FL 32751

Title:

Director

Name:

Joey Arroyo

Street Address:

2180 W. State Road 434, Suite 5000

City, State, Zip:

Longwood, FL 32779

Title:

Director

Name:

Harold Blinder

Street Address:

7900 Miami Lakes Drive West

City, State, Zip:

Miami Lakes, FL 33016

Title:

Director

Name:

Ron Peck

Street Address:

5830 142<sup>nd</sup> Avenue, North

City, State, Zip:

Clearwater, FL 33760

Title:

Director

Name:

Frank Ruggieri

Street Address:

55 E. Pine Street

City, State, Zip:

Orlando, FL 32801