2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90257 044 ****61.25

DOCI	UMFNT	# N930	000000062	

Country

Principal Place of Business

850 CONCOURSE PKWY S

SIGNATURE: VV

Zip

1. Entity Name COMMUNITY ASSOCIATIONS INSTITUTE, MID-FLORIDA CHAPTER, INC.



01112007

4. FEI Number 59-2372113

5. Certificate of Status Desired

Chg-NP

SUITE 150
MAITLAND, FL 32791 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FL 32794 US

Mailing Address

Suite, Apt. #, etc.

Mailing Address

PO BOX 941125

50000031

Applied For Not Applicable

\$8.75 Additional

Fee Required

CR2E037 (12/06)

<u>1/u</u> (0

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
TAYLOR, ROBERT L 850 CONCOURSE PKWY S, SUITE 105 MAITLAND, FL 32751			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)							
				•							
				City FL Zip Code							
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	Signature, typed or printed name of registered agent and title if app	iture required when reinstating)	when reinstating) DATE								
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribut			\$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			10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRON, LOU 18500 US HWY 441 MOUNT DORA, FL 32757	🖄 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Ruggio 55 East Pine	e St	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANTUMA, MARY 850 CONCOURSE PKWY S, SUITE 150 MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brlando, FL Harold Blin 7900 Miami Miami Lakes	nder Lakes Dr N		Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEDMAN, ALICE 300 CAROLWOOD POINT FERN PARK, FL 32730	Ճ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Taylo 850 Concours Maitland FL		□ Change ite 10	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FURLOW, REBECCA 1633 E VINE ST KISSIMMEE, FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goey Arroyo 1645 E. Hwy Clermont FL	50 #201 34711	Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ron Peck 5830 142nd / Clearwater,		☐ Change	Addition Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition				
12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, 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 attaching twith an address, with all other like empowered.											

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Country