

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91354 025 *****61.25

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2372113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANCASTER, JUDITH M
4702 GARDENBROOK LANE
ORLANDO FL 32821**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **PD** ☐ Delete
NAME **HOUSE, MICHAEL**
STREET ADDRESS **52 E SOUTH ST**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BIRON, LOU**
STREET ADDRESS **18500 US HWY 441**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MORGAN, LOUIS**
STREET ADDRESS **1320 N SEMORAN BLVD, SUITE 214**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **Chris Draper**
CITY-ST-ZIP **500 Winderley Place Maitland, FL 32751**

TITLE **D** ☐ Delete
NAME **BLINDER, HAROLD**
STREET ADDRESS **7900 MIAMI LAKES DR W**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **COLE, RON**
STREET ADDRESS **2185 N PARK AVE., STE 7**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DUGAN, MICHELLE**
STREET ADDRESS **118 DELEON RD**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **Rebecca Furlow**
CITY-ST-ZIP **1633 E. Vine St. Kissimmee, FL 34741**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.03(1), 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:

SIGNATURE REQUIRED

Michael House, President

**407-425-4561
Apr 25, 2003**

CR2E037 (10/02)