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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000505 (7)**

1. Corporation Name

**FIRST COAST CHAPTER OF COMMUNITY ASSOCIATIONS INSTITUTE, INC.**



Principal Place of Business	Mailing Address
4475 US 1 SOUTH STE. 406 ST. AUGUSTINE FL 32086	4475 US 1 SOUTH STE. 406 ST. AUGUSTINE FL 32086-7283

3. Date Incorporated or Qualified <b>01/21/1994</b>	3a. Date of Last Report <b>08/06/1996</b>
4. FEI Number <b>59-3228998</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**GIEGER, JOHN R., P.A.**  
4475 US 1 SOUTH  
STE. 406  
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAVES, KEITH</b>	
STREET ADDRESS	<b>234 RIVERSIDE DR.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HERREN, JERRY</b>	
STREET ADDRESS	<b>4800 A1A SOUTH</b>	
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32084</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MARKS, ANN</b>	
STREET ADDRESS	<b>10036 SAWGRASS DRIVE, STE. 1</b>	
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARENAS, PATRICIA</b>	
STREET ADDRESS	<b>10036 SAWGRASS DRIVE STE. 1</b>	
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GEIGER, JOHN R</b>	
STREET ADDRESS	<b>4475 US 1 SOUTH, STE. 406</b>	
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32084</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'ROURKE, JOHN</b>	
STREET ADDRESS	<b>29-C FOUNTAIN OF YOUTH BLVD.</b>	
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32084</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **John R. Geiger** 28 Apr 97 904 794 2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001483

CR2E037 (9/96)