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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4475 US 1 SOUTH STE. 406 ST. AUGUSTINE FL 32086	Mailing Address 4475 US 1 SOUTH STE. 406 ST. AUGUSTINE FL 32086-7283
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3. Date Incorporated or Qualified 01/21/1994	3a. Date of Last Report 08/06/1996
4. FEI Number 59-3228998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, KEITH	
STREET ADDRESS	234 RIVERSIDE DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERREN, JERRY	
STREET ADDRESS	4600 A1A SOUTH	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARKS, ANN	
STREET ADDRESS	10036 SAWGRASS DRIVE, STE. 1	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARENAS, PATRICIA	
STREET ADDRESS	10036 SAWGRASS DRIVE STE. 1	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEIGER, JOHN R	
STREET ADDRESS	4475 US 1 SOUTH, STE. 406	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'ROURKE, JOHN	
STREET ADDRESS	29-C FOUNTAIN OF YOUTH BLVD.	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	

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: *[Signature]* DATE: **28 Apr 97** DAYTIME PHONE: **904 794 2744**

CR2E037 (9/96)