FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000693 (1)

1. Corporation Name

THE NORTHWEST FLORIDA CHAPTER OF COMMUNITY ASSOC IATIONS INSTITUTE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5013 FORT WALTON BEACH FL 32549	P.O. BOX 5013 FORT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1994
3a. Date of Last Report:
4. FEI Number: 59-2137895 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ATCHISON, GLENN	1.2 NAME	Sue Dickinson	
STREET ADDRESS	909 SANTA ROSA BLVD. #430	1.3 STREET ADDRESS	6213 Thomas Dr.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	RITTER, CARL	2.2 NAME	Marilyn Turley	
STREET ADDRESS	3700 EAST 7TH STREET	2.3 STREET ADDRESS	4715 Thomas Dr.	
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	Panama City Beach, FL 32417	
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	SEDES, DEBBIE	3.2 NAME	Bruce Culpepper	
STREET ADDRESS	611 NEW WARRINGTON RD	3.3 STREET ADDRESS	5394 E. Highway 98	
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	ALDEN, GARY	4.2 NAME	Gary Bodenbender	
STREET ADDRESS	500 GULF SHORE DR.	4.3 STREET ADDRESS	1547 Greenwood Dr.	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	Baker, FL 32531	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	RISALVATO, TOM	5.2 NAME	Barbara Covington	
STREET ADDRESS	P.O. BOX 2259	5.3 STREET ADDRESS	25 Walter Martin Rd., Suite 202	
CITY-ST-ZIP	FT. WALTON BEACH FL 32549	5.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HESS, BRIAN D	6.2 NAME	James Carlson	
STREET ADDRESS	9108 FRONT BEACH ROAD	6.3 STREET ADDRESS	7100 Plantation Rd., Bldg. 21	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	6.4 CITY-ST-ZIP	Pensacola, FL 32504	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Barbara W. Covington Barbara W. Covington 2/15/95 904-244-5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072039