

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N94000000693 (1)

1. Corporation Name

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



Principal Place of Business

P.O. BOX 5013
FORT WALTON BEACH FL 32549

Mailing Address

P.O. BOX 5013
FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified
02/10/1994

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2137895

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DICKINSON, SUE
STREET ADDRESS 6213 THOMAS DR.
CITY-ST-ZIP PANAMA CITY BEACH FL

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME TURLEY, MARILYN
STREET ADDRESS 4715 THOMAS DR.
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME CULPEPPER, BRUCE
STREET ADDRESS 5394 E. HWY 98
CITY-ST-ZIP DESTIN FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME BODENBENDER, GARY
STREET ADDRESS 1547 GREENWOOD DR.
CITY-ST-ZIP BAKER FL

4.1 TITLE Secretary ☐ Change ☐ Addition
4.2 NAME Jolene Goodwin
4.3 STREET ADDRESS P.O. Box 9850
4.4 CITY-ST-ZIP Panama City Bch, FL 32417

TITLE TD ☐ DELETE
NAME COVINGTON, BARBARA
STREET ADDRESS 25 WALTER MARTIN ROAD STE 202
CITY-ST-ZIP FT. WALTON BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CARLSON, JAMES
STREET ADDRESS 7100 PLANTATION ROAD BLDG 21
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

9042445750

Daytime Phone #

CR2E037 (12/95)