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Feb 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000000693 (1)

1. Corporation Name

THE NORTHWEST FLORIDA CHAPTER OF COMMUNITY ASSOCIATIONS 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 32549-5013



3. Date Incorporated or Qualified  
02/10/1994

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

☐

\$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

Mary Ann Raymond

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

36 Temple Av

83

84 City

Ft. Walton Beach

FL

85 Zip Code

32548

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

Mary Ann Raymond, CED

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mary Ann Raymond 1-8-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

TITLE S ☒ DELETE  
NAME GOODWIN, JOLENE  
STREET ADDRESS P.O. BOX 9850 NA  
CITY-ST-ZIP PANAMA CITY BEACH F

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

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

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Jolene Goodwin  
1.3 STREET ADDRESS 11212 Front Beach Rd.  
1.4 CITY-ST-ZIP Panama City Beach, FL 32407

2.1 TITLE DVP ☒ Change ☐ Addition  
2.2 NAME James Carlson  
2.3 STREET ADDRESS 7100 Planatation Rd Bldg 21  
2.4 CITY-ST-ZIP Pensacola, FL 32504-6234

3.1 TITLE DVP ☐ Change ☒ Addition  
3.2 NAME Cindy Stenberg  
3.3 STREET ADDRESS 4444 W. Scenic #30A  
3.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459

4.1 TITLE DS ☐ Change ☒ Addition  
4.2 NAME Debra Hughes  
4.3 STREET ADDRESS 794 Spring Lake Dr  
4.4 CITY-ST-ZIP Destin, FL 32541

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Gary Bodenbender  
6.3 STREET ADDRESS 7804 Hwy 85 N  
6.4 CITY-ST-ZIP Laurel Hill, FL 32567

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:

Barbara W. Covington

Barbara W. Covington 1/8/97

904244-520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074105

CR2E037 (9/96)