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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000693 (1)**

1. Corporation Name

THE NORTH GULF COAST CHAPTER OF COMMUNITY ASSOCIATIONS 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

3. Date Incorporated or Qualified

02/10/1994

4. FEI Number

59-2137895

Applied For

Not Applicable

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

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAYMOND, MARY A
38 TEMPLE AVE
FT WALTON BCH FL 32548**

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 ☐ DELETE

NAME **DVP
STENBERG, CINDY**
STREET ADDRESS **4444 W SCENIC #30A**
CITY-ST-ZIP **SANTA ROSA BCH FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DP
Stenberg, Cindy**
1.3 STREET ADDRESS **Same**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DS
HUGHES, DEBRA**
STREET ADDRESS **794 SPRING LAKE DR**
CITY-ST-ZIP **DESTIN FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DVP
Hughes, Debra**
2.3 STREET ADDRESS **Same**
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

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

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **DVP
Robert Fawcett**
3.3 STREET ADDRESS **970 Gulf Shore Dr**
3.4 CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ DELETE

NAME **DP
GOODWIN, JOLENE**
STREET ADDRESS **11212 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY BEACH F**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D
Goodwin, Jolene**
4.3 STREET ADDRESS **1430 W. 11th Street**
4.4 CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ DELETE

NAME **TD
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 **TD
Covington, Barbara**
5.3 STREET ADDRESS **7020 Jasper Rd.**
5.4 CITY-ST-ZIP **Navarre, FL 32566**

TITLE ☒ DELETE

NAME **DVP
CARLSON, JAMES**
STREET ADDRESS **7100 PLANTATION RD BLDG 21**
CITY-ST-ZIP **PENSACOLA FL 34**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D
Kevin Bover**
6.3 STREET ADDRESS **36474 Emerald Coast Pkwy**
6.4 CITY-ST-ZIP **Destin, FL 32541**

14. I 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

3/23/98

850.244.5750

CR2E037 (10/97)