

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90092 011 ****61.25

DOCUMENT # N94000000693

1. Corporation Name

THE NORTH GULF COAST CHAPTER OF COMMUNITY ASSOCIATIONS INSTITUTE, INC.

327167 - 90092 - 11

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

Mailing Address
P.O. BOX 5013
FORT WALTON BEACH FL 32549



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/10/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2137895

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, MARY A
36 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 DP
NAME STENBERG, CINDY
STREET ADDRESS 4444 W SCENIC #30A
CITY-ST-ZIP SANTA ROSA BCH FL ☒ DELETE

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME FOWNER, ROBERT
1.3 STREET ADDRESS 970 GULF SHORE DRIVE
1.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE DVP
NAME HUGHES, DEBRA
STREET ADDRESS 794 SPRING LAKE DR
CITY-ST-ZIP DESTIN FL ☐ DELETE

2.1 TITLE DVP ☐ Change ☒ Addition
2.2 NAME PATSY O'DELL
2.3 STREET ADDRESS 157 RUSTY GANS DRIVE
2.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE DVP
NAME FOWNER, ROBERT
STREET ADDRESS 970 GULF SHORE DRIVE
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

3.1 TITLE DVP ☒ Change ☐ Addition
3.2 NAME BARBARA COVINGTON
3.3 STREET ADDRESS 7020 JASPER ROAD
3.4 CITY-ST-ZIP NAVARRE, FL 32566

TITLE D
NAME GOODWIN, JOLENE
STREET ADDRESS 1430 W 11TH STREET
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ DELETE

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME KEVIN D. BOWYER
4.3 STREET ADDRESS 36474 EMERALD COAST PKWY
4.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE TD
NAME COVINGTON, BARBARA
STREET ADDRESS 7020 JASPER RD
CITY-ST-ZIP NAVARRE FL 32566 ☐ DELETE

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME DEBRA HUGHES
5.3 STREET ADDRESS 794 SPRING LAKE DRIVE
5.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME BOVER, KEVIN
STREET ADDRESS 36474 EMERALD COAST PKWY
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

6.1 TITLE DS ☐ Change ☐ Addition
6.2 NAME JODY MORGAN
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN D. BOWYER

4/9/99

(850) 837-0398

Date

Daytime Phone #

CR2E037 (11/98)