

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000693

FILED
Jan 19, 2006
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 5013
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5013
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-2137895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, MARY A
36 TEMPLE AVE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IRWIN, JAMES
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D () Delete
Name: BALENT, ANGELA
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549T

Title: T () Delete
Name: MAGDIC, ANNE
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: S () Delete
Name: KENAN, DAN
Address: 940 CREIGHTON ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: FOWNER, DEBBIE
Address: PO BOX 5013
City-St-Zip: FT.WALTON BEACH, FL 32549

Title: D (X) Delete
Name: HARRIS, SUZANNE
Address: 1215 CHEVAL LANE
City-St-Zip: BIRMINGHAM, AL 35216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: IRWIN, JAMES
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: PD (X) Change () Addition
Name: BALENT, ANGELA
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549T

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA BALENT

P

01/19/2006

Electronic Signature of Signing Officer or Director

Date