

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000693

FILED  
Feb 27, 2011  
Secretary of State

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

**Current Principal Place of Business:**

927 BLACK CREEK BLVD  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6952  
MIRAMAR BEACH, FL 32550

**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:**

OWENS, PATRICIA M  
927 BLACK CREEK BLVD  
FREEPORT, FL 32439 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: S  
Name: SHEFFIELD, KATHRYN  
Address: 4460 LEGENDARY DR STE 190  
City-St-Zip: DESTIN, FL 32541

Title: VP  
Name: WILSON, JACKIE  
Address: P O BOX 13672  
City-St-Zip: TALLAHASSEE, FL 32317

Title: PELE  
Name: GELDER, JAY  
Address: 10221 EMERALD COAST PKWY W STE 123  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: P  
Name: BURG, JEROME  
Address: 2827 JOAN AVE BLDG B  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: D  
Name: BRUENING, WILLIAM  
Address: 1201 EGLIN PKWY  
City-St-Zip: SHALIMAR, FL 32579

Title: T  
Name: LARABEE, STEPHANIE  
Address: 100 MAIN ST  
City-St-Zip: DESTIN, FL 32541

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA OWENS

EXD

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date