

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