

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000693

FILED  
Jan 13, 2012  
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:**

5 MUSKOGEE LANE  
DESTIN, FL 32541

**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:**

LARABEE, STEPHANIE A CED  
5 MUSKOGEE LANE  
DESTIN, FL 32541 US

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: STEPHANIE LARABEE

01/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PELE  
Name: TOWNSEND, KATHRYN  
Address: 2113 LEWIS TURNER BLVD SUITE 100  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VP  
Name: PETERS, MELISSA  
Address: 41 WEST I-65 SERVICE ROAD N SUITE 183  
City-St-Zip: MOBILE, AL 36608 US

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

Title: TRES  
Name: CUNARD, CANDY  
Address: 500 GRAND BLVD SUITE 200  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: SEC  
Name: CARTER, CHRISTINE  
Address: 543 HARBOR BLVD SUITE 201  
City-St-Zip: DESTIN, FL 32541

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

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: STEPHANIE LARABEE

CED

01/13/2012

Electronic Signature of Signing Officer or Director

Date