

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000062

**Entity Name:** COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA  
CHAPTER, INC.**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC7933267242****Current Principal Place of Business:**2471 ALOMA AVENUE  
SUITE 101  
WINTER PARK, FL 32792**Current Mailing Address:**P O BOX 941125  
MAITLAND, FL 32794 US**FEI Number: 59-2372113****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAPILI, BERNIE  
2471 ALOMA AVENUE  
SUITE 101  
WINTER PARK, FL 32792 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: BERNIE MAPILI****01/24/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title D  
Name JACKSON, BILL  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794Title VP  
Name BIRON, LOU  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794Title S  
Name KEARNS, SUZAN  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794Title PP  
Name VAN DER LAAN, GARY  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794Title D  
Name HOLT, DAVID  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794Title D  
Name VICE, MATT  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794Title D  
Name BISHOP, BILL  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794Title T  
Name MAPILI, BERNIE  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794**Continues on page 2**

*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: SARAH GIAMMARINARO****EXECUTIVE DIRECTOR****01/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name DOUGHERTY, JOHN  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794

Title P  
Name RODRIGUEZ, JAMIE  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794

Title PE  
Name GARFINKEL, ALAN  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794

Title CED  
Name SARAH, GIAMMARINARO  
Address PO BOX 941125  
City-State-Zip: MAITLAND FL 32794