

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000062

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA
CHAPTER, INC.**FILED**
Feb 06, 2017
Secretary of State
CC2571905527**Current Principal Place of Business:**2737 VINE STREET
ORLANDO, FL 32806**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:**TAYLOR, ROBERT L
2737 VINE STREET
ORLANDO, FL 32806 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: ROBERT L. TAYLOR****02/06/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name BIRON, LOU
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794Title PRESIDENT
Name HOLBROOK, GINA
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title DIRECTOR
Name MELVILLE, PAUL
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title VP
Name WHYNOT, ERIK
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title DIRECTOR
Name KEARNS, SUZAN
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794Title D
Name RULLO, DIANE
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title TREASURER
Name PECK, BRIAN
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title DIRECTOR
Name MARTINEZ, CHRIS
Address P O 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: ROBERT L. TAYLOR**ATTORNEY****02/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name TAYLOR, KENT
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name TAYLOR, ROBERT
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name STRODE, CHUCK
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794