

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000062

**Entity Name:** COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA  
CHAPTER, INC.**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC0681258091****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****01/17/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** BIRON, LOU  
**Address** PO BOX 941125  
**City-State-Zip:** MAITLAND FL 32794**Title** DIRECTOR  
**Name** KEARNS, SUZAN  
**Address** PO BOX 941125  
**City-State-Zip:** MAITLAND FL 32794**Title** VP  
**Name** WHYNOT, ERIK  
**Address** P O BOX 941125  
**City-State-Zip:** MAITLAND FL 32794**Title** DIRECTOR  
**Name** MARTINEZ, CHRIS  
**Address** P O BOX 941125  
**City-State-Zip:** MAITLAND FL 32794**Title** DIRECTOR  
**Name** TAYLOR, KENT  
**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**Title** DIRECTOR  
**Name** TAYLOR, ROBERT  
**Address** P O BOX 941125  
**City-State-Zip:** MAITLAND FL 32794**Title** TREASURER  
**Name** KULICH, MICHAEL  
**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****REGISTERED AGENT****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT ELECT  
Name            ZOOK, KEN  
Address        P O BOX 941125  
City-State-Zip: MAITLAND FL 32794

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

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