

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000062

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA
CHAPTER, INC.**FILED**
Apr 28, 2016
Secretary of State
CC1297580320**Current Principal Place of Business:**2313 CAROL WOODS WAY
APOPKA, FL 32712**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:**KEARNS, SUZAN K
2313 CAROL WOODS WAY
APOPKA, FL 32712 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: SUZAN KEARNS****04/28/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name JACKSON, BILL
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** D
Name BIRON, LOU
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** PRESIDENT
Name KEARNS, SUZAN
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** D
Name VICE, MATT
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR
Name DOUGHERTY, JOHN
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR
Name HOLBROOK, GINA
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** D
Name RULLO, DIANE
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** VP
Name MELVILLE, PAUL
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: SUZAN KEARNS**PRESIDENT****04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name PECK, BRIAN
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 WHYNOT, ERIK
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794