

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000062

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA
CHAPTER, INC.**FILED**
Feb 12, 2019
Secretary of State
8486232866CC**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: Yes****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****02/12/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name BIRON, LOU
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794Title DIRECTOR
Name KEARNS, SUZAN
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794Title SECRETARY
Name TAYLOR, KENT
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title DIRECTOR
Name STRODE, CHUCK
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title DIRECTOR
Name TAYLOR, ROBERT
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title PRESIDENT ELECT
Name KULICH, MICHAEL
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title PRESIDENT
Name ZOOK, KEN
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794Title VP
Name RUGGIERI, FRANK
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**DIRECTOR****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title TREASURER
Name ELLIS, LESLIE
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794