

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000062

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA
CHAPTER, INC.**FILED**
Feb 01, 2013
Secretary of State
CC7176582475**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****02/01/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name MASI, PHIL
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794Title VP
Name BOWERS, CATHY
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794Title D
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 S
Name HOLT, DAVID
Address PO BOX 941125
City-State-Zip: MAITLAND FL 32794Title P
Name KING, MARY
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**CED****02/01/2013**

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

Title D
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