

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N93000000062

**Entity Name:** COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA  
CHAPTER, INC.

**Current Principal Place of Business:**

619 E COLONIAL DRIVE  
ORLANDO, FL 32803

**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:**

DURHAM, TRACY  
619 E COLONIAL DRIVE  
ORLANDO, FL 32803 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: TRACY DURHAM**

**02/24/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title           PRESIDENT  
Name           DURHAM, TRACY  
Address       P O BOX 941125  
City-State-Zip: MAITLAND FL 32794

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

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

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

Title           DIRECTOR  
Name           BURTON, PATRICK  
Address       P.O. BOX 941125  
City-State-Zip: MAITLAND FL 32794

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*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: TRACY DURHAM**

**PRESIDENT**

**02/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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