

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000062

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA
CHAPTER, INC.**FILED**
Mar 26, 2021
Secretary of State
0101489569CC**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****03/26/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name COX, JESSICA
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR, PRESIDENT ELECT
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** DIRECTOR
Name DURHAM, TRACY
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** PRESIDENT
Name RUGGIERI, FRANK
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** TREASURER
Name ELLIS, LESLIE
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR
Name LYNNE , SADOWSKI
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 TAYLOR**DIRECTOR/REGISTERED 03/26/2021**
AGENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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