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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704474 (6)
1. Corporation Name
GREATER ORLANDO ASSOCIATION OF REALTORS, INC.



Principal Place of Business Mailing Address
621 E. CENTRAL BLVD. P.O. BOX 587 ORLANDO FL 32802
621 E. CENTRAL BLVD. P.O. BOX 587 ORLANDO FL 32802-0587

3. Date Incorporated or Qualified 08/27/1962
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-0859806 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JENNINGS, BELTON E., III
621 E. CENTRAL BLVD.
ORLANDO FL 32802

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P MEEKS, JACK <input checked="" type="checkbox"/> DELETE
NAME	480 E SEMORAN BLVD
STREET ADDRESS	CASSELBERRY FL 32707
CITY-ST-ZIP	
TITLE	D ACKER, RON <input type="checkbox"/> DELETE
NAME	950 N. ORLANDO AVE., #150
STREET ADDRESS	WINTER PARK FL 32789
CITY-ST-ZIP	
TITLE	V RYLANDS, BARBARA <input type="checkbox"/> DELETE
NAME	4207 CURRY FORD RD
STREET ADDRESS	ORLANDO FL 32808
CITY-ST-ZIP	
TITLE	PE SOBETI, MAX <input checked="" type="checkbox"/> DELETE
NAME	4063 N GOLDENROD RD 208
STREET ADDRESS	WINTER PARK FL
CITY-ST-ZIP	
TITLE	D VOGT, PETE <input type="checkbox"/> DELETE
NAME	5850 HANSEL AVENUE
STREET ADDRESS	ORLANDO FL 32809
CITY-ST-ZIP	
TITLE	D MACLARTY, W. SUE <input type="checkbox"/> DELETE
NAME	600 COURTLAND ST #500
STREET ADDRESS	ORLANDO FL 32804
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P MAX SABETI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4063 N GOLDENROD RD #208
1.3 STREET ADDRESS	WINTER PAR FL 32792
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PE BARBARA RYLANDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5946 CURRY FORD RD
3.3 STREET ADDRESS	ORLANDO FL 32822
3.4 CITY-ST-ZIP	
4.1 TITLE	D BILL CARTHEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	2471 ALOMA AVENUE
4.3 STREET ADDRESS	WINTER PARK FL 32792-2519
4.4 CITY-ST-ZIP	
5.1 TITLE	200002138672
5.2 NAME	-04/10/97--01005--024
5.3 STREET ADDRESS	***\$61.25
5.4 CITY-ST-ZIP	
6.1 TITLE	D W SUE MACLARTY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	704 S HIGHWAY 17-92
6.3 STREET ADDRESS	LONGWOOD FL 32750
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *Belton E. Jennings III* DATE: 3/28/97 407 422 5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016192

CR2E037 (9/96)