

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90017 008 \*\*\*\*61.25

**DOCUMENT # 704474**

1. Corporation Name

**GREATER ORLANDO ASSOCIATION OF REALTORS, INC.**

Principal Place of Business

621 E. CENTRAL BLVD.  
P.O. BOX 587  
ORLANDO FL 32802

Mailing Address

621 E. CENTRAL BLVD.  
P.O. BOX 587  
ORLANDO FL 32802



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 200 S. Orange Ave

Suite, Apt. #, etc.

27 Suite 2300

City & State

28 Orlando, FL 32801

Zip Country

29 30

3. Date Incorporated or Qualified

08/27/1962

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

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  
A.G.C. Co.

82 Street Address (P.O. Box Number is Not Acceptable)  
200 S. Orange Avenue

83 Suite 2300

84 City Orlando FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fami

Richard T. Fulton 5/15/99

SIGNATURE

Signature, typed printed name of registered agent and date (if applicable)

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PE  
NAME HUSKEY, BUDGE  
STREET ADDRESS 2160 W HWY 434 #100  
CITY-ST-ZIP LONGWOOD FL 32779

☐ DELETE

TITLE VP  
NAME SIEGEL, SARA  
STREET ADDRESS 1031 W MORSE BLVD, #160  
CITY-ST-ZIP WINTER PARK FL 32789

☐ DELETE

TITLE P  
NAME RYLANDS, BARBARA  
STREET ADDRESS 5946 CURRY FORD RD  
CITY-ST-ZIP ORLANDO FL 32822

☒ DELETE

TITLE D  
NAME ROKETH, GREG  
STREET ADDRESS 4270 ALOMA AVENUE, #156  
CITY-ST-ZIP WINTER PARK FL 32792

☐ DELETE

TITLE D  
NAME VOGT, PETE  
STREET ADDRESS 5850 HANSEL AVENUE  
CITY-ST-ZIP ORLANDO FL 32809

☐ DELETE

TITLE D  
NAME HICKS, KELLY  
STREET ADDRESS 7347 SAND LAKE ROAD  
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE PE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE VP  
3.2 NAME FRYER, RICHARD  
3.3 STREET ADDRESS 5310 DIPLOMAT CIRCLE  
3.4 CITY-ST-ZIP ORLANDO, FL 32810

☐ Change ☒ Addition

4.1 TITLE ROKETH  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)