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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 200 S. Orange Ave

Suite, Apt. #, etc.

27 Suite 2300

City & State

28 Orlando, FL 32801

29 Zip Country

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. I am family member of the corporation. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family member of the corporation. Section 617.0503, Florida Statutes.

Richard T. Fulton 5/15/99

SIGNATURE
 Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PE	<input type="checkbox"/> DELETE
NAME	HUSKEY, BUDGE	
STREET ADDRESS	2160 W HWY 434 #100	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIEGEL, SARA	
STREET ADDRESS	1031 W MORSE BLVD, #160	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RYLANDS, BARBARA	
STREET ADDRESS	5946 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROKETH, GREG	
STREET ADDRESS	4270 ALOMA AVENUE, #156	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOGT, PETE	
STREET ADDRESS	5850 HANSEL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, KELLY	
STREET ADDRESS	7347 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRYER, RICHARD	
3.3 STREET ADDRESS	5310 DIPLOMAT CIRCLE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32810	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROKEH	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)