2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713873

Name:

Address:

City-St-Zip:

1690 US1 SOUTH, SUITE G

ST. AUGUSTINE, FL 32084

FILED Jan 17, 2008 Secretary of State

Entity Name: ST. AUGUSTINE & ST. JOHNS COUNTY BOARD OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business: 1789 LAKESIDE AVE ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 1789 LAKESIDE AVE ST. AUGUSTINE, FL 32084 FEI Number: 59-2024315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANCHARD, MARIAN M 1789 LAKESIDE AVE ST AUGUSTINE, FL 32084 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PALMER, KAREN MERCURIO, TERESA Name: Name: 101 EAST TOWN PLACE Address: 1031 A1A BEACH BLVD. Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. AUGUSTINE, FL 32080 Title: () Delete Title: (X) Change () Addition MERCURIO, TERESA Name: PACETTI, CHARLES Name: Address: 1031 A1A BEACH BLVD. Address: P.O. BOX 618 City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: ST. AUGUSTINE, FL 32086 Title: () Delete Title: () Change () Addition GOLL, BARBARA Name: Name: Address: 6045 A1A SOUTH Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ARRIOLA, IRENE Name: Address: 88 RIBERA ST. Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: (X) Change () Addition BIRCHALL, ANDREW HALEY, JOYCE Name: Name: 2 VALENCIA ST. 3505 US 1 SOUTH Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32086 Title: () Delete Title: (X) Change () Addition CAMPBELL, JULIE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MAYS, ROBERT

A1A BEACH BLVD

ST. AUGUSTINE, FL 32080

SIGNATURE: MARIAN M. BLANCHARD **EVP** 01/17/2008