FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721442** **(2)**

1. Corporation Name
LAKE COUNTY ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
725 EAST ALFRED STREET TAVARES FL 32778	P.O. BOX 1005 TAVARES FL 32778-1005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1971
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-1627621 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RODGERS, BRENDA C
725 EAST ALFRED STREET
TAVARES FL 32778

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Brenda C Rodgers 4-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LACKEY, DONALD J	1.2 NAME	BRIAN SILBERNAGEL	
STREET ADDRESS	2835 WEST OLD HIGHWAY 441	1.3 STREET ADDRESS	2201 SOUTH BAY STREET	
CITY-ST-ZIP	MOUNT DORA FL 32757	1.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SILVERNAGEL, BRIAN L	2.2 NAME	ALLAN JONES	
STREET ADDRESS	2201 SOUTH BAY STREET	2.3 STREET ADDRESS	135 WEST 5TH ST	
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP	MT DORA, FL 32757	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HOTTLE, MARILYN	3.2 NAME	JEAN WILLIAMS	
STREET ADDRESS	100 WEST 5TH AVENUE	3.3 STREET ADDRESS	17521 US HWY 441 STE-21	
CITY-ST-ZIP	MOUNT DORA FL 32757	3.4 CITY-ST-ZIP	MT DORA, FL 32757	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BROWN, WILLIAM F JR.	4.2 NAME	JEAN B. KARR	
STREET ADDRESS	2101 SOUTH BAY STREET	4.3 STREET ADDRESS	120 E 4TH AVE	
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP	MT DORA, FL 32757	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SPOONER, SAMUEL O	5.2 NAME		
STREET ADDRESS	550 SOUTH HIGHLAND STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Brian Silbernagel 4/14/95 (904) 343-3003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date (Daytime Phone #)