FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 07/30/1971
3a. Date of Last Report: 04/19/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 400001813054
-05/08/96--01045--002
84 City ***70.00 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: Brenda C Rodgers — EXECUTIVE VICE PRESIDENT — APRIL 29, 1996
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	☒ DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	SILBERNAGE, BRIAN		1.2 NAME	HOTTLE, MARILYN	
STREET ADDRESS	2201 SOUTH BAY STREET		1.3 STREET ADDRESS	100 W. 5TH AVENUE	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP	MT. DORA, FLORIDA 32757	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	JONES, ALLAN		2.2 NAME	PURYEAR, MARVIN	
STREET ADDRESS	135 WEST 5TH ST.		2.3 STREET ADDRESS	304 E. BROAD STREET	
CITY-ST-ZIP	MT DORA FL		2.4 CITY-ST-ZIP	GROVELAND, FLORIDA 34736	
TITLE	SD	☒ DELETE	3.1 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	WILLIAMS, JEAN		3.2 NAME	CHITTESTER, DOTTI	
STREET ADDRESS	17521 US HWY 441 STE- 21		3.3 STREET ADDRESS	777 DONNELLY STREET	
CITY-ST-ZIP	MOUNT DORA FL		3.4 CITY-ST-ZIP	MOUNT DORA, FLORIDA 32757	
TITLE	TD	☒ DELETE	4.1 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	KARR, JEAN B		4.2 NAME	MILLER, DONALD	N A
STREET ADDRESS	120 E. 4TH AVE.		4.3 STREET ADDRESS	P O BOX 1198	
CITY-ST-ZIP	MT. DORA FL		4.4 CITY-ST-ZIP	MT. DORA, FLORIDA 32757	
TITLE	D	☒ DELETE	5.1 TITLE	~~DIRECTOR~~	~~☒ Change~~ ☐ Addition
NAME	SPOONER, SAMUEL O		5.2 NAME	~~HERRELL, JON~~	
STREET ADDRESS	550 SOUTH HIGHLAND STREET		5.3 STREET ADDRESS	~~550 S. HIGHLAND ST.~~	
CITY-ST-ZIP	MOUNT DORA FL 32757		5.4 CITY-ST-ZIP	~~MT. DORA, FLORIDA 32757~~	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME			6.2 NAME	BONJORN, PAMELA	12 5.1
STREET ADDRESS			6.3 STREET ADDRESS	516 W. HIGHWAY 50	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CLERMONT, FLORIDA 34711	

CR2E037 (12/95)

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)(k), 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: Donald Miller — 4-29-96 — 352-383-7186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #