

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90099 027 *****70.00

DOCUMENT # 721442	
1. Entity Name GREATER LAKE COUNTY ASSOCIATION OF REALTORS, INC.	



Principal Place of Business 725 EAST ALFRED STREET TAVARES, FL 32778 US	Mailing Address P.O. BOX 1005 TAVARES, FL 32778-1005 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01142004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODGERS, BRENDA C 725 EAST ALFRED STREET TAVARES, FL 32778		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERNINI, SUG 1710 E. HY 50 CLERMONT, FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIAN CHRISTY BONJORN 516 W. HWY 50 CLERMONT, FL 34711 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAFT, JOHN 100 W. 5TH AVE MOUNT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, DON P.O. BOX 1198 MOUNT DORA, FL 32756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWALB, KATHRYN PO BOX 1198 MOUNT DORA, FL 32756 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANETTE B TOLLESON 1511 BUENOS AIRES BLVD LADY LAKE, FL 32159 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYLES, ROBERT 100 A N. HWY 27 CLERMONT, FL 32756 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOAN L. GAGNON 100 W. 5 AVE. MOUNT DORA, FL 32757 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD RODGERS, BRENDA C 725 E. ALFRED ST TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda C Rodgers* *Brenda C Rodgers, CEO 1/23/04* *352-343-3003*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #