

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 721736 (7)
1. Corporation Name
REALTORS ASSOCIATION OF CITRUS COUNTY, INC.



Principal Place of Business Mailing Address
1819 W. GULF TO LAKE HWY
LECANTO FL 32661 1819 W. GULF TO LAKE HWY
LECANTO FL 32661

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 09/21/1971 | |
| 4. FEI Number 59-1743091 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent STANTON, ERNA 1819 W. GULF TO LAKE HWY LECANTO FL 32661 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|----------------------------|
| TITLE | PB MC GEEHAN, KEVIN | 1.1 TITLE | P.E. KEVIN MC GEEHAN |
| NAME | 1100 S.E. HWY 19 | 1.2 NAME | 1100 S.E. Hwy. 19 |
| STREET ADDRESS | CRYSTAL RIVER FL | 1.3 STREET ADDRESS | CRYSTAL RIVER, FL |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | P STOCKER, JANICE | 2.1 TITLE | D JANICE STOCKER |
| NAME | 8120 S. SUNCOAST BLVD. | 2.2 NAME | 8120 S. SUNCOAST BLVD. |
| STREET ADDRESS | HOMOSASSA FL | 2.3 STREET ADDRESS | HOMOSASSA, FL |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D CROSLEY, JAMES | 3.1 TITLE | D STEVE VARNADOE |
| NAME | 1744 BISMARCK ST. | 3.2 NAME | 730 N. SUNCOAST BLVD |
| STREET ADDRESS | HERNANDO FL | 3.3 STREET ADDRESS | CRYSTAL RIVER, FL |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D FLORENCE KAUFMAN | 4.1 TITLE | T BLAINE MOORE |
| NAME | 117 S. MAIN ST. | 4.2 NAME | 11905 RIVERHAVEN DR. |
| STREET ADDRESS | INVERNESS FL | 4.3 STREET ADDRESS | HOMOSASSA, FL |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | S STANTON, ERNA | 5.1 TITLE | |
| NAME | 1819 W GULF TO LAKE HWY | 5.2 NAME | |
| STREET ADDRESS | LECANTO FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | T SNELL, FREDERICK | 6.1 TITLE | PB FREDERICK SNELL |
| NAME | 6210 W. CORPORATE OAKS DR. | 6.2 NAME | 6210 W. CORPORATE OAKS DR. |
| STREET ADDRESS | CRYSTAL RIVER FL | 6.3 STREET ADDRESS | CRYSTAL RIVER, FL |
| CITY-ST-ZIP | | 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)(l), 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: _____

CR2E037 (10/97)