

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 # 734425 (2)
1. Corporation Name
LAND O'LAKES BOARD OF REALTORS, INC.



Principal Place of Business: **P O BOX 127 LAND O'LAKES FL 34639**
Mailing Address: **P O BOX 127 LAND O'LAKES FL 34639**

3. Date incorporated or Qualified: **11/25/1975**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-1850585**
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

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

9. Name and Address of Current Registered Agent
**CAUSEY, REG
2502 LAND O LAKES BLVD.
LAND O LAKES FL 34639**

10. Name and Address of New Registered Agent
81 Name: **JUANITA DENNIS**
82 Street Address (P.O. Box Number is Not Acceptable): **19209 U.S. Hwy 41 N.**
83
84 City: **Lutz** FL 85 Zip Code: **33549**

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: **Juanita Dennis** (Signature, typed or printed name of registered agent, and title, if applicable)
Juanita Dennis (NOTE: Registered Agent signature required when re-registering)
DATE: **1/5/96**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAHILL, LISA	
STREET ADDRESS	5110 LAND O LAKES BLVD.	
CITY-ST-ZIP	LOL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TETLOW, JOYCE	
STREET ADDRESS	19209 HIGHWAY 41	
CITY-ST-ZIP	LUTZ FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALLEN, STEPHANIE	
STREET ADDRESS	3948 LAKE PADGETT DRIVE	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENNIS, JUANITA	
STREET ADDRESS	19209 HWY 41	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADDEN, PAUL	
STREET ADDRESS	2230 HWY. 41	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANTHAM, HELEN B.	
STREET ADDRESS	2510 LAND O LAKES BLVD.	
CITY-ST-ZIP	LAND O LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL MADDEN	
1.3 STREET ADDRESS	14803 N. Dale Mabry	
1.4 CITY-ST-ZIP	TAMPA FL 33618	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JENNI CHASTAIN	
2.3 STREET ADDRESS	19209 Highway 41	
2.4 CITY-ST-ZIP	Lutz, FL 33549	
3.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharon Elder	
3.3 STREET ADDRESS	5217 Saddlebrook way	
3.4 CITY-ST-ZIP	Wesley Chapel, FL 33543-4329	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TILLY COUAT	
4.3 STREET ADDRESS	2502 Land O Lakes Blvd	
4.4 CITY-ST-ZIP	Land O lakes, FL 34639-4902	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sharon Elder	
5.3 STREET ADDRESS	5217 Saddlebrook way	
5.4 CITY-ST-ZIP	Wesley Chapel, FL 33543-4329	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kathy Cox	
6.3 STREET ADDRESS	14803 N. Dale Mabry	
6.4 CITY-ST-ZIP	TAMPA, FL 33618	

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: **Jeani Chastain** (Signature and typed or printed name of signing officer or director)
Date: **1-25-96** Daytime Phone: **8139497444**

CR2E037 (12/95)