

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90104 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734425

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/25/1975	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-1850585	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/>	
25. Country		30. Country		8.75 Additional Fee Required	
26. Country		31. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
27. Country		32. Country		5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent

CHASTAIN, JEANI
 17751 WILLOW POND DR.
 LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name	JO EASTON	
82 Street Address (P.O. Box Number is Not Acceptable)	409 Hayes Road	
83		
84 City	Lutz	85 Zip Code
		FL 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

JO Easton

(JO EASTON)

5/6/99

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	P	1.1 TITLE	President
NAME	CHASTAIN, JEANI	1.2 NAME	JO EASTON
STREET ADDRESS	17751 WILLOW POND DR.	1.3 STREET ADDRESS	409 Hayes Road
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	LUTZ, FL. 33549-6143
TITLE	VP	2.1 TITLE	
NAME	ECKLEY, REBECCA S	2.2 NAME	
STREET ADDRESS	14013 LAKE MAGDALENE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	Treasurer
NAME	HERNANDEZ, KAREN	3.2 NAME	Patricia D. Peterman
STREET ADDRESS	4518 GRAINARY AVE.	3.3 STREET ADDRESS	18406 Keystone Grove Blvd.
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	Odessa, FL. 33556
TITLE	S	4.1 TITLE	Secretary
NAME	STEPANEK, SANDRA R	4.2 NAME	Jeani Chastain
STREET ADDRESS	3049 LAKE SAXON DR.	4.3 STREET ADDRESS	17751 Willow Pond Dr.
CITY-ST-ZIP	LAND O' LAKES FL 34639	4.4 CITY-ST-ZIP	Lutz, FL. 34549
TITLE	D	5.1 TITLE	Director
NAME	EASTON, JOSEPHINE B	5.2 NAME	Vikki Wall
STREET ADDRESS	409 HAYES ROAD	5.3 STREET ADDRESS	19701 Bexley Road
CITY-ST-ZIP	LUTZ FL 33549	5.4 CITY-ST-ZIP	Land O'Lakes, FL. 34639
TITLE	D	6.1 TITLE	Director
NAME	BARR, LARRY A	6.2 NAME	Susan Graham
STREET ADDRESS	23219 DOVER DR.	6.3 STREET ADDRESS	4736 Lake Ellis Lane
CITY-ST-ZIP	LAND O' LAKES FL 34639	6.4 CITY-ST-ZIP	Land O'Lakes, FL. 34639

14. 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 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, with all other like empowered.

SIGNATURE: *Patricia D. Peterman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/99-360
 Daytime Phone #

CR2E037- (1/198)