

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 # **740898** (2)

1. Corporation Name

OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.



Principal Place of Business

Mailing Address

1105 SHADY LANE
KISSIMMEE FL 34744
US

P.O. BOX 340517
PO BOX 450517
KISSIMMEE FL 34745-0517
US

3. Date Incorporated or Qualified
11/23/1977

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1806180

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

10. Name and Address of New Registered Agent

**CUMBIE, FRED H., II
4305 NEPTUNE ROAD
ST. CLOUD FL 32769**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

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	<input checked="" type="checkbox"/> DELETE
NAME	KRAUS, KATHERINE	
STREET ADDRESS	521 W. VINE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	KRAUS, HAROLD	
STREET ADDRESS	521 W. VINE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NICHOLS, WILLIAM C	
STREET ADDRESS	931 W. OAK STREET STE. 100	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCGALLIARD, PATSY	
STREET ADDRESS	P.O. BOX 420669 NA	
CITY-ST-ZIP	KISSIMMEE FL 34742-0669	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	IAQUINTO, FRANK	
STREET ADDRESS	923 BERMUDA AVE.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRAUS, HAROLD	
1.3 STREET ADDRESS	521 W. VINE STREET	
1.4 CITY-ST-ZIP	KISSIMMEE FL 34741	
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NICHOLS, WILLIAM C	
2.3 STREET ADDRESS	931 W OAK ST, STE 100	
2.4 CITY-ST-ZIP	KISSIMMEE FL 34741	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIERICKX, KAREN	
3.3 STREET ADDRESS	3335 13th STREET	
3.4 CITY-ST-ZIP	ST. CLOUD FL 34769	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

William C. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 1996 407-846-2787
Date Daytime Phone #

CR2E037 (12/95)