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NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Jan 17 1997 8:00am
Secretary of State

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 940617~~ PO BOX 450517 KISSIMMEE FL 34745-0517 US

	3. Date Incorporated or Qualified **11/23/1977**	3a. Date of Last Report **01/24/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-1806180**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	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	VD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	DIERICKX, KAREN		1.2 NAME	NICHOLS, WILLIAM C	
STREET ADDRESS	3335 13TH ST.		1.3 STREET ADDRESS	931 W OAK ST.,STUIE 100	
CITY-ST-ZIP	ST. CLOUD FL		1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	P	☐ DELETE	2.1 TITLE	PED	☑ Change ☐ Addition
NAME	KRAUS, HAROLD		2.2 NAME	ST. GORDON, TIMOTHY	
STREET ADDRESS	521 W. VINE STREET		2.3 STREET ADDRESS	931 W OAK ST.,SUITE 100	
CITY-ST-ZIP	KISSIMMEE FL.		2.4 CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	PED	☐ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	NICHOLS, WILLIAM C		3.2 NAME	LEVINE, MICHAEL	
STREET ADDRESS	931 W. OAK STREET STE. 100		3.3 STREET ADDRESS	5330 HAWK DR	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	MCGALLIARD, PATSY		4.2 NAME	PRESBY, JANICE	
STREET ADDRESS	P.O. BOX 420669 NA		4.3 STREET ADDRESS	3335 13th STREET	
CITY-ST-ZIP	KISSIMMEE FL 34742-0669		4.4 CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IAQUINTO, FRANK		5.2 NAME		
STREET ADDRESS	923 BERMUDA AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: _T. St._ Tim St. Gordon   1-8-97   407 846-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0070038