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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740898

1. Corporation Name

OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.

138819 - 90203 - 37

Principal Place of Business

1105 SHADY LANE
KISSIMMEE FL 34744
US

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

1105 Shady Lane

Suite, Apt. #, etc.

27 City & State

28

Kissimmee, FL

29 Zip

34744

Country

30

US

3. Date Incorporated or Qualified

11/23/1977

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

9. Name and Address of Current Registered Agent

CUMBIE, FRED H., II
100 CHURCH STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

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 617.0592 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/26/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ST. GORDON, TIMOTHY	
STREET ADDRESS	931 W OAK STREET, STE 100	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	LEVINE, MICHAEL	
STREET ADDRESS	5330 HAWK DR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JAMES	
STREET ADDRESS	423 E VINE ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRESBY, JANICE	
STREET ADDRESS	3335 13TH ST.	
CITY-ST-ZIP	ST. CLOUD FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Levine, Michael	
1.3 STREET ADDRESS	5330 Hawk Drive	
1.4 CITY-ST-ZIP	Kissimmee, FL 34746	
2.1 TITLE	PED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sullivan, James	
2.3 STREET ADDRESS	423 E. Vine Street	
2.4 CITY-ST-ZIP	Kissimmee, FL 34744	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Grieb, Cheryl	
3.3 STREET ADDRESS	850 Towne Center Drive	
3.4 CITY-ST-ZIP	Kissimmee, FL 34759	
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	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nichols, William	
5.3 STREET ADDRESS	931 W. Oak Street, Ste-100	
5.4 CITY-ST-ZIP	Kissimmee, FL 34744	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)