

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90251 037 \*\*\*\*61.25

**DOCUMENT # 740898**

1. Entity Name  
**OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.**



Principal Place of Business

**1105 SHADY LANE  
KISSIMMEE FL 34744  
US**

Mailing Address

**1105 SHADY LN  
KISSIMMEE FL 34744  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1806180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CASE, CATHY  
1105 SHADY LANE  
KISSIMMEE FL 34744**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>VAN NEST, CLINTON</b>	
STREET ADDRESS	<b>413 WEST OAK STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERRY, JEFF</b>	
STREET ADDRESS	<b>413 WEST OAK STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GOODWIN-DIETZ, KIM</b>	
STREET ADDRESS	<b>931 WEST OAK STREET SUITE 100</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIES, NORM</b>	
STREET ADDRESS	<b>931 W OAK ST, STE 100</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TREJOS, MELISSA</b>	
STREET ADDRESS	<b>413 WEST OAK STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN NEST, CLINTON</b>	
STREET ADDRESS	<b>413 WEST OAK STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODWIN-DIETZ, KIM</b>	
STREET ADDRESS	<b>931 WEST OAK STREET STE 100</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, RENEE</b>	
STREET ADDRESS	<b>1345 SHAKERAG ROAD</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVINE, MICHAEL</b>	
STREET ADDRESS	<b>1100 US HWY 27, WOODRIDGE PLAZA STE E</b>	
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'REILLY, DONNA</b>	
STREET ADDRESS	<b>4141 BALD EAGLE DRIVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34746</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KIM GOODWIN-DIETZ**

2/7/03

(407) 846-2787

CR2E037 (10/02)