FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745795** **(5)**

1. Corporation Name
WEST VOLUSIA ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
425 S. VOLUSIA AVENUE ORANGE CITY FL 32763	425 S. VOLUSIA AVENUE ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1549541 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CASKEY, ANN L.
425 S VOLUSIA AVENUE
ORANGE CITY FL 32763

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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DARLING, RICHARD N.	1.2 NAME	Darling, Richard N.	
STREET ADDRESS	1995 N. VOLUSIA	1.3 STREET ADDRESS	1995 N. Volusia Ave	
CITY-ST-ZIP	ORANGE CITY FL 32763	1.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JONES, ANN,	2.2 NAME	Lopes, Anthony	
STREET ADDRESS	2875 S. WOODLAND	2.3 STREET ADDRESS	1961 S. Woodland Blvd.	
CITY-ST-ZIP	DELAND FL 32720	2.4 CITY-ST-ZIP	DeLand, Fl. 32720	
TITLE	SD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BAGLEY, DIANE,	3.2 NAME	Todd Swann	
STREET ADDRESS	2051 SAXON BLVD., STE. 11	3.3 STREET ADDRESS	120 E. New York Ave.	
CITY-ST-ZIP	DELTONA FL 32725	3.4 CITY-ST-ZIP	DeLand, Fl. 32724	
TITLE	D	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	SEKULA, JOHN C.,	4.2 NAME	Sekula, John C.	
STREET ADDRESS	824 W. NEW YORK AVE.	4.3 STREET ADDRESS	824 W. New York Ave.	
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	DeLand, Fl. 32720	
TITLE	D	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	CUTRONA, MELINDA E.	5.2 NAME	Freeman, Suzanne	
STREET ADDRESS	123 N. INDUSTRIAL DRIVE	5.3 STREET ADDRESS	120 W. Plymouth Ave	
CITY-ST-ZIP	ORANGE CITY 00000 FL 32763	5.4 CITY-ST-ZIP	DeLand, FL 32720	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, BETTY	6.2 NAME		
STREET ADDRESS	304 S. SPRING GARDEN AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720	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)(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: John C. Sekula JOHN C. SEKULA 4/17/95 904-738-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #