FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

745795

(5)

WEST VOLUSIA ASSOCIATION OF REALTORS, INC.

West voessimment of herefold, into					
Principal Plac	e of Business	Mailing Address		C SONTH LORIN DENDI MARK SONTA FOIRE CORRESPONDENCES	AL DEBES DINIS BINIL BANKI 1951
425 S. VOLUSIA AVENUE		425 S. VOLUSIA AVENUE		3. Date Incorporated or Qualified	
ORANGE CITY FL 32763		ORANGE CITY FL 32763		02/02/1979	
				4. FEI Number	Applied For
		1.6- 1.0		59-1549541	Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeowner	
23	Country	28			No
Zip	Country	Zip 3	Country	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
24	9. Name and Address of Current		ю [10. Name and Address of New Registered	
	· ·		81 Name	Noboral Box	
CASKEY, ANN L. 82 Stre			82 Street	Address (P.O. Box Number is Not Acceptable)	
425 S VOLUSIA AVENUE			42	25 5 Volusia Ave.	
ORANGE CITY FL 32763			83		
			84 City	o Oil El	85 Zip Code
11. Pursuant	o the provisions of Sections 617 0500	and 617 1508. Florida Statutes	the above-pamed	corporation submits this statement for the purpose of	changing its registered
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 Stignature, typed or printed name of registered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	DELETE	1.1 TITLE	Vice President	L Change L Addition
NAME	DARLING, RICHARD N		1.2 NAME	James H. Lawrence 537 beltona BLVD, #101	
Street Address	1995 N. VOLUSIA		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL	ICLOÉLETE	1,4 CITY-ST-ZIP	Deltona, FL. 32725	
TITLE	D	CADELE 1E	2.1 TITLE	Director	Change
NAME	LOPES, ANTHONY		2.2 NAME	Berry Snyder 136 E. Plymouth Hue.	
STREET ADDRESS	1961 S. WOODLAND BLVD		2.3 STREET ADDRESS	136 6. prymouri	
CITY-ST-ZIP	DELAND FL		2. 4 CITY - ST - ZIP	Neland, FL. 32724	Change Addition
TITLE	VD	DELETE	3.1 TITLE	President Sommer	Change
NAME	SPINNEY, MELISSA		3.2 NAME	Melissa Spinney 3,063 Enterprise Rd., Ste. 1	
STREET ADDRESS	3063 ENTERPRISE RD., STE. 1	İ	3.3 STREET ADDRESS		
CITY-ST-ZIF	DEBARY FL	L DELETE	3.4. CITY-ST-ZIP	Debary, FC.	Change
TITLE	SD DIDED MILDDED	TET ACTE IS	4.1 TITLE	Jeerdary Jacquelyn Hart	TA-Criange T Addition
NAME	PIPER, MILDRED		4. 2 NAME	1961 5. Woodland BLVD.	
STREET ADDRESS	1250 PROVIDENCE BLVD.		4.3 STREET ADDRESS		•
CITY-ST-ZIP	DELTONA FL	DELETE	4.4 CITY-ST-ZIP	Seland, FC. 32720	4-Change Addition
TITLE	PD WARREN	□ Dete le	5.1 TITLE	Diretor Todd	
NAME	TODD, WARREN		5.2 NAME	Warren Toda 899 E. New York Ave.	
STREET ADDRESS	899 E.NEW YORK AVE.		5.3 STREET ADDRESS		,
CITY-ST-ZIP	DELAND FL	[/] DE≯ETE	5.4 CITY-ST-ZIP	beland, M.	☐ Change ☐ Addition
TITLE	TD CERTIFIA TOUR	[4] DELETE	6.1 TITLE	Traj Baungartner Ste. 1000	Orange Assumon
NAME	SEKULA, JOHN		6.2 NAME	101 V. Woodfand 5/10). Ste. 600	
STREET ADDRESS	300 N. WOODLAND BLVD.		6.3 STREET ADDRESS	Seland FL. 32720	
CITY-ST-ZIF	DELAND FL		6.4 CITY - ST - ZIP	velana pe. de las	

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 of 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: //

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FILED

Feb 06 1998 8:00am

Secretary of State

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