

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90022 036 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                        |                                                                          |                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 745795</b><br>1. Entity Name<br><b>WEST VOLUSIA ASSOCIATION OF REALTORS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                        |                                                                          |                                                     |  |
| Principal Place of Business<br><b>425 S. VOLUSIA AVENUE<br/>ORANGE CITY FL 32763</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                        | Mailing Address<br><b>425 S. VOLUSIA AVENUE<br/>ORANGE CITY FL 32763</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                          |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | City & State                                                                                                           |                                                                          | 4. FEI Number<br><b>59-1549541</b>                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | Country                                                                                                                |                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BACOM, DEBORAH<br/>425 S VOLUSIA AVE<br/>ORANGE CITY FL 32763</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                        |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                        |                                                                          |                                                                                                                                      |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                          | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>             |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>CLARE, JOHN</b><br>1425 VOLUSIA AVE.<br>ORANGE CITY FL 32763            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>GANDERS, KATHY</b><br>201 W. PLYMOUTH AVENUE<br>DELAND FL 32720         |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <b>VP Cynthia De Luca</b><br>516 W New York Ave<br>Deland, FL 32724                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>CRAPAROTTA, DIANE</b><br>690 DELTONA BLVD.<br>DELTONA FL 32725          |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BAUMGARTNER, TROY</b><br>632 N. WOODLAND BLVD. SUITE<br>DELAND FL 32720 |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TODD, WARREN</b><br>899 E NEW YORK AVE<br>DELAND FL                     |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BARKER, BOB</b><br>138 E PLYMOUTH AVE.<br>DELAND FL 32720               |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <b>S Linda Rothwell</b><br>667 Deltona Blvd<br>Deltona, FL 32725                                                                     |  |
| 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. |                                                                            |                                                                                                                        |                                                                          |                                                                                                                                      |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                        | Date <b>2/17/04</b> Daytime Phone #                                      |                                                                                                                                      |  |