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APPROVED AND FILED

1995 MAY - 1 AM 8:00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **748176** (5)
1. Corporation Name
THE GREATER TAMPA ASSOCIATION OF REALTORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001490865
-05/17/95--01054-021
*****260.00 *****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2918 W KENNEDY BLVD 2918 W KENNEDY BLVD
TAMPA FL 33609-0195 TAMPA FL 33609-0195

3. Date Incorporated or Qualified 07/24/1979 3a. Date of Last Report 04/12/1994
4. FEI Number 59-0474867 Applied For Not Applicable

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

5. Certificate of Status Desired \$6.75 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

9. Name and Address of Current Registered Agent
FARRAR, CHALRES L.
2918 W. KENNEDY BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name Carol A. Austin
82 Street Address (P.O. Box Number is Not Acceptable) 2918 W. Kennedy Blvd.
83 Tampa
84 City FL 85 Zip Code 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Carol A. Austin 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME SHELTON, CYNTHIA C
STREET ADDRESS 5020 GUNN HWY., STE. 220
CITY - ST - ZIP TAMPA FL
TITLE PE
NAME WINGATE, NANCY C
STREET ADDRESS 1003 S. ALEXANDER ST., STE. 5
CITY - ST - ZIP PLANT CITY FL
TITLE S
NAME BARFIELD, JOHN A.
STREET ADDRESS 4901 W. CYPRESS, STE. 200
CITY - ST - ZIP TAMPA FL
TITLE T
NAME STANDER, LYLE
STREET ADDRESS 5445 WEST CYPRESS, STE. 109
CITY - ST - ZIP TAMPA FL
TITLE D
NAME PROCTOR, MARK A.
STREET ADDRESS 409 S. KINGS AVE.
CITY - ST - ZIP BRANDON FL
TITLE D
NAME POLO, MARIO JR.
STREET ADDRESS 12988 N. DALE MABRY HWY.
CITY - ST - ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P Change Addition
1.2 NAME Nancy Wingate
1.3 STREET ADDRESS 1003 S. Alexander St. #5
1.4 CITY - ST - ZIP Plant City 33566
2.1 TITLE PE Change Addition
2.2 NAME Lyle Stander
2.3 STREET ADDRESS 5444 Bay Center Drive #116
2.4 CITY - ST - ZIP Tampa 33609
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE T Change Addition
4.2 NAME Anna A. Adams n/a
4.3 STREET ADDRESS P.O. Box 22061 Tampa 33622
4.4 CITY - ST - ZIP
5.1 TITLE D Change Addition
5.2 NAME Connie Johnson
5.3 STREET ADDRESS 9250 N. 56th St.
5.4 CITY - ST - ZIP Temple Terrace 33617
6.1 TITLE D Change Addition
6.2 NAME Don Walden n/a
6.3 STREET ADDRESS P.O. Box 1569 Plant City 33564
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 110.07(3)(b), 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: [Signature] 4/19/95 813-289-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #