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**May 09 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748176 (5)
1. Corporation Name
THE GREATER TAMPA ASSOCIATION OF REALTORS, INC.



Principal Place of Business 2918 W KENNEDY BLVD TAMPA FL 33609-0195	Mailing Address 2918 W KENNEDY BLVD TAMPA FL 33609-3104
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3. Date Incorporated or Qualified 07/24/1979	3a. Date of Last Report 04/15/1996
4. FEI Number 59-0474867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**AUSTIN, CAROL A.
2918 W. KENNEDY BLVD.
TAMPA FL 33609**

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
FL 05. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	STANDER, LYLE
STREET ADDRESS	5444 BAY CENTER DRIVE #116
CITY-ST-ZIP	TAMPA FL
TITLE	PE <input type="checkbox"/> DELETE
NAME	EASTON, JOSEPHINE
STREET ADDRESS	3418 HANDY ROAD SUITE 102
CITY-ST-ZIP	TAMPA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ANNA A
STREET ADDRESS	P.O. BOX 22061 N/A
CITY-ST-ZIP	TAMPA FL 33622
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, CONNIE
STREET ADDRESS	9250 N. 56TH ST.
CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	D <input type="checkbox"/> DELETE
NAME	ODUM, MARY
STREET ADDRESS	777 W. LUMSDEN ROAD
CITY-ST-ZIP	BRANDON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BARFIELD, JOHNA.
STREET ADDRESS	4901 W CYPRESS SUITE 200
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Josephine B. Easton
1.3 STREET ADDRESS	3418 Handy Rd. #102
1.4 CITY-ST-ZIP	Tampa, FL 33612
2.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert P. Glaser
2.3 STREET ADDRESS	3801 Bay to Bay Blvd.
2.4 CITY-ST-ZIP	Tampa, FL 33629
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathleen L. Razzano
3.3 STREET ADDRESS	12000 N. Dale Mabry S-140
3.4 CITY-ST-ZIP	Tampa, FL 33618
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dawn K. Kay
4.3 STREET ADDRESS	11801 N. Dale Mabry Hwy.
4.4 CITY-ST-ZIP	Tampa, FL 33618
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: _____ DATE: **4/22/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (9/96)