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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 748331 (6)  
1. Corporation Name  
FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.



Principal Place of Business Mailing Address  
2010 E. STATE HWY 100 BUNNELL FL 32110  
P.O. BOX 1997 FLGLER BEACH FL 32136-1997 US

(Not a Mailing Address)

3. Date Incorporated or Qualified 08/02/1979  
3a. Date of Last Report 03/13/1996  
4. FEI Number 59-2111176  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent  
SAPIENZA, STEPHEN  
300 N STATE ST  
C/O P O BOX 835  
BUNNELL FL 32110

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 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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MASTRIACOVO, HONORA	
STREET ADDRESS	1 FARRADAY LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	PD	DELETE
NAME	NIEMINEN, SCOTT	
STREET ADDRESS	96 FLAGLER PLAZA DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	DELETE
NAME	DOOLEY, JANIE	
STREET ADDRESS	96 FLAGLER PLAZA DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	DELETE
NAME	FORREST, RUSSELL	
STREET ADDRESS	24 FLORIDA PARK DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VPD	DELETE
NAME	HERRERA, EDDIE JR.	
STREET ADDRESS	P.O. BOX 128 N/A	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	DELETE
NAME	HEISER, GARY	
STREET ADDRESS	39 OLD KINGS ROAD, NORTH	
CITY-ST-ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D	Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VPD	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VPD	Change	Addition
4.2 NAME	ROBERT MORRIS		
4.3 STREET ADDRESS	1240 PALM COAST PARKWAY		
4.4 CITY-ST-ZIP	PALM COAST, FL 32137		
5.1 TITLE	PD	Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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: 1/29/97 DAYTIME PHONE: (904) 437-0095

CR2E037 (9/96)