


2-6-10 v- 1686  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748331 (6)**  
 1. Corporation Name  
**FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.**



Principal Place of Business 2010 E. STATE HWY 100 BUNNELL FL 32110 (Not a mailing address)	Mailing Address - P.O. BOX 1997 FLAGLER BEACH FL 32136-3623 US
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3. Date Incorporated or Qualified <b>08/02/1979</b>	Applied For Not Applicable
4. FEI Number <b>59-2111176</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	
SAPIENZA, STEPHEN 300 N STATE ST C/O P O BOX 635 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	85 Zip Code
	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTRIACOVO, HONORA	1.2 NAME	CHARLES V WARREN
STREET ADDRESS	1 FARRADAY LANE	1.3 STREET ADDRESS	1 FLORIDA PARK DR., STE 1
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMINEN, SCOTT	2.2 NAME	
STREET ADDRESS	96 FLAGLER PLAZA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOOLEY, JANIE	3.2 NAME	ANNE WILSON
STREET ADDRESS	96 FLAGLER PLAZA DRIVE	3.3 STREET ADDRESS	P O BOX 434 "NA"
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136-0434
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MORRIS	4.2 NAME	
STREET ADDRESS	1240 PALM COAST PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, EDDIE JR.	5.2 NAME	
STREET ADDRESS	P.O. BOX 128 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISER, GARY	6.2 NAME	
STREET ADDRESS	39 OLD KINGS ROAD, NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	

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 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]* 1/2/98

CR2E037 (10/97)