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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90048 030 \*\*\*\*70.00

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 748331**

1. Corporation Name

**FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.**

Principal Place of Business

2010 E. STATE HWY 100  
 BUNNELL FL 32110

Mailing Address

P.O. BOX 1997  
 FLAGLER BEACH FL 32136-3623  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/02/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-2111176

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAPIENZA, STEPHEN**  
 300 N STATE ST  
 C/O P O BOX 635  
 BUNNELL FL 32110

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP WARREN, CHARLES V	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, CHARLES V	1.2 NAME	
STREET ADDRESS	1 FLORIDA PARK DR, STE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	D NIEMINEN, SCOTT	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	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ANNE	3.2 NAME	SMITH, JON
STREET ADDRESS	P O BOX 434 N/A	3.3 STREET ADDRESS	1240 PALM COAST PARKWAY
CITY-ST-ZIP	FLAGLER BEACH FL 32136	3.4 CITY-ST-ZIP	PALM COAST, FL 32137
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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRERA, EDDIE JR.	5.2 NAME	WILSON, GEORGE M.
STREET ADDRESS	P.O. BOX 128 N/A	5.3 STREET ADDRESS	P.O. BOX 434 N/A
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136-0434
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEISER, GARY	6.2 NAME	BARNEY, JUDITH A.
STREET ADDRESS	39 OLD KINGS ROAD, NORTH	6.3 STREET ADDRESS	P.O. BOX 1298 N/A
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	BUNNELL, FL 32110-1298

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 President

2/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

NONPROFIT ANNUAL CORPORATION REPORT  
FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.  
FEI NUMBER 59-2111176

ATTACHMENT  
ADD OFFICER

BLOCK #13

DT  
VINNICK, BRUCE  
185 CYPRESS POINT PKWY, SUITE 4  
PALM COAST, FL 32164

154043.90048.30  
#748331