2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

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Entity Name: GOLD COAST ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

245 ALCAZAR AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

245 ALCAZAR AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BULLMAN, MARTHA J
245 ALCAZAR AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: EVP ( ) Delete
Name: BULLMAN, MARTHA J
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D,ST ( ) Delete
Name: ROSENBERG, NORMA
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D, P ( ) Delete
Name: GOLIK, VLADIMIR
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D,PE ( ) Delete
Name: KOLASKA, EDWARD
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: EARNEST, WALTER JR
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: BUCK, MAGGIE
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: DIAZ, NORKA
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: ST (X) Change ( ) Addition
Name: GOLIK, VLADIMIR
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: P (X) Change ( ) Addition
Name: KOLASKA, EDWARD
Address: 245 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA J BULLMAN EVP 04/11/2005

Electronic Signature of Signing Officer or Director — Date