


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90575 040 ****70.00

DOCUMENT # N48419				
1. Entity Name CENTRAL FLORIDA REALTY INVESTORS ASSOCIATION, INC.				
Principal Place of Business 602 W 27TH ST SANFORD, FL 32773 US		Mailing Address 602 W 27TH ST SANFORD, FL 32773 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

20056011



01312005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3117856		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		-\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Burr, Fern 602 W 27TH ST SANFORD, FL 32773		Name CHERYL T. KISER ASSOCIATION EXECUTIVE	
		Street Address (P.O. Box Number is Not Acceptable) 602 W. 27th St	
		City SANFORD FL Zip Code 32773	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *C. T. Kiser* CHERYL T. KISER, ASSOCIATION EXECUTIVE 2/14/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LASTER, ROSIE			NAME	JAMES B ALEXANDER		
STREET ADDRESS	458150 MYRTLE BAY DR			STREET ADDRESS	817 WIPPERWILL DR.		
CITY-ST-ZIP	ORLANDO, FL 328298701			CITY-ST-ZIP	PORT ORANGE, FL 32127		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREIBERG, ELIZABETH			NAME	ROGER L. REID		
STREET ADDRESS	1508 VIRGINIA AVE A-114			STREET ADDRESS	531 HEATHER BRIDE CIRCLE		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114			CITY-ST-ZIP	APOPKA, FL 32712		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURR, FERN			NAME	BURR, FERN		
STREET ADDRESS	602 W. 27TH ST			STREET ADDRESS	602 W. 27th St.		
CITY-ST-ZIP	SANFORD, FL 32773			CITY-ST-ZIP	SANFORD, FL 32773		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTLER, ROBIN			NAME	RUTH Houser		
STREET ADDRESS	3615 LAKE SHORE DR			STREET ADDRESS	14121 SNEAD CIR		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP	ORLANDO, FL 32837		
TITLE		<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	DIANE BISHOP		
STREET ADDRESS				STREET ADDRESS	1085 PINE ISLAND ROAD		
CITY-ST-ZIP				CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	ADAM SLEAP		
STREET ADDRESS				STREET ADDRESS	2885 S. OSCEOLA AVE # C-5		
CITY-ST-ZIP				CITY-ST-ZIP	ORLANDO, FL 32806		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. T. Kiser* CHERYL T. KISER, ASSOCIATION EXECUTIVE 2/14/05 407-328-7773

ATTACHMENT

Additional Officers and Directors
Document # N48419
Central Florida Realty Investors Association, Inc.

20036811

N48419

Additions

D
Jon Bolton
1580 Gladiolas Drive
Winter Park, FL 32792

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Keith LaPrade
201 Park Place, Suite 318
Altamonte Springs, FL 32714