


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 015 ****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**

20024287



2. Principal Place of Business
55 Skyline Dr
 Suite, Apt. #, etc.
Suite 2850

3. Mailing Address
55 Skyline Dr
 Suite, Apt. #, etc.
Suite 2850

03272006 Chg-NP CR2E037 (11/05)

City & State
Lake Mary, FL

City & State
Lake Mary FL

Zip
32746 Country
USA

Zip
32746 Country
USA

4. FEI Number
59-3117856

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHERYL T KISER, ASSOCIATION EXEC
602 W 27TH ST
SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ALEXANDER, JAMES B	
STREET ADDRESS 817 WIPPERWILL DR	
CITY-ST-ZIP PORT ORANGE, FL 32127	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME FREIBERG, ELIZABETH	
STREET ADDRESS 1508 VIRGINIA AVE A-114	
CITY-ST-ZIP DAYTONA BEACH, FL 32114	
TITLE D	<input type="checkbox"/> Delete
NAME BURR, FERN	
STREET ADDRESS 602 W. 27TH ST	
CITY-ST-ZIP SANFORD, FL 32773	
TITLE VD	<input type="checkbox"/> Delete
NAME REID, ROGER L	
STREET ADDRESS 531 HEATHER BRITE CIRCLE	
CITY-ST-ZIP APOPKA, FL 32712	
TITLE TD	<input type="checkbox"/> Delete
NAME HOUSER, RUTH	
STREET ADDRESS 14121 SNEAD CIR	
CITY-ST-ZIP ORLANDO, FL 32837	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME BISHOP, DIANE	
STREET ADDRESS 1085 PINE ISLAND ROAD	
CITY-ST-ZIP MERRITT ISLAND, FL 32953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOLTON, JON	
STREET ADDRESS 4389 DOLLY CRT	
CITY-ST-ZIP OVIEDO, FL 32765	
TITLE VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SLEAP, ADAM	
STREET ADDRESS 1429 YATES ST.	
CITY-ST-ZIP ORLANDO, FL 32804	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BYLLOTT, AUDREY	
STREET ADDRESS 904 WATERSIDE DR.	
CITY-ST-ZIP CELEBRATION, FL 34747	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REID ROGER L	
STREET ADDRESS 531 HEATHER BRITE CIRCLE	
CITY-ST-ZIP APOPKA FL 32712	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COE, DAVID	
STREET ADDRESS 504 DARKWOOD AVE	
CITY-ST-ZIP OCOCHEE, FL 34761	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEFKA, BRUCE	
STREET ADDRESS 1327 ARTHUR ST	
CITY-ST-ZIP ORLANDO, FL 32804	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert L. Reid* **Pres.** 3/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20024287

#N48419

D
Heavener, Michael
3823 Lake Sarah Drive
Orlando, FL 32804