

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 18, 2008  
Secretary of State

DOCUMENT# N48419

Entity Name: CENTRAL FLORIDA REALTY INVESTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

55 SKYLINE DR  
STE 2850  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 SKYLINE DR  
STE 2850  
LAKE MARY, FL 32746 US

**New Mailing Address:**

FEI Number: 59-3117856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KISER, CHERYL T  
55 SKYLINE DR  
SUITE 2850  
LAKE MARY, FL 32746 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: D ( ) Delete  
Name: BOLTON, JON  
Address: 4389 DOLLY CT  
City-St-Zip: OVIEDO, FL 32765

Title: PD ( ) Delete  
Name: SLEAP, ADAM  
Address: 1429 YATES ST  
City-St-Zip: ORLANDO, FL 32804

Title: SD ( ) Delete  
Name: PETTY, CHUCK  
Address: 6024 BENT PINE DRIVE, #2813  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: HEAVENER, MICHAEL  
Address: 3823 LAKE SARAH DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: TD ( ) Delete  
Name: HOUSER, RUTH  
Address: 14121 SNEAD CIR  
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete  
Name: HEFKA, BRUCE  
Address: 1327 ARTHUR ST  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: PETTY, CHUCK  
Address: 6024 BENT PINE DRIVE, #2813  
City-St-Zip: ORLANDO, FL 32822

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

Title: SD (X) Change ( ) Addition  
Name: EDMOND, SANDRA  
Address: PO BOX 677521  
City-St-Zip: ORLANDO, FL 32867

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADAM SLEAP

PD

02/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date