

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748331

Entity Name: FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.**Current Principal Place of Business:**4101 E. MOODY BLVD
BUNNELL, FL 32110**Current Mailing Address:**P.O. BOX 1216
BUNNELL, FL 32110 US**FEI Number:** 59-2111176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOROTHY DESVOUSGES SPERBER
58 ROLLINS LANE
PALM COAST, FL 32164 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	FORD, RYAN
Address	P.O. BOX 1216
City-State-Zip:	BUNNELL FL 32110

Title	VP
Name	BELLAPIANTA, MARC
Address	P.O. BOX 1216
City-State-Zip:	BUNNELL FL 32110

Title	PRESIDENT ELECT
Name	VINNICK, BRUCE
Address	P.O. BOX 1216
City-State-Zip:	BUNNELL FL 32110

Title	PRESIDENT
Name	FARRELL, MEGAN
Address	P.O. BOX 1216
City-State-Zip:	BUNNELL FL 32110

Title	DS
Name	CORBY, MARSHA
Address	P.O. BOX 1216
City-State-Zip:	BUNNELL FL 32110

Title	DT
Name	COSGROVE, K GAIL
Address	P.O. BOX 1216
City-State-Zip:	BUNNELL FL 32110

I hereby 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 all other like empowered.

SIGNATURE: MEGAN FARRELL**PRESIDENT****01/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date