


4-11-97 B-4406-C
FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 704755 (8) 1. Corporation Name ENGLEWOOD AREA BOARD OF REALTORS, INC.			
Principal Place of Business 3952 MCCALL ROAD ENGLEWOOD FL 34224		Mailing Address 3952 MCCALL ROAD ENGLEWOOD FL 34224-8657	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent GUNDERSON, MIKO 1861 PLACIDA ROAD GROVE CITY FL 34224		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME KATHY BECK STREET ADDRESS 3952 MCCALL RD CITY-ST-ZIP ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME CLAUDIA RIDGE 1.3 STREET ADDRESS 3952 McCall Rd 1.4 CITY-ST-ZIP Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME TRAVERSO, PETER STREET ADDRESS 3952 MCCALL RD CITY-ST-ZIP ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T 2.2 NAME Kathy Damewood 2.3 STREET ADDRESS 3952 McCall Rd 2.4 CITY-ST-ZIP Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME LIPSTEIN, DAVID M STREET ADDRESS 3952 MCCALL RD CITY-ST-ZIP ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V 3.2 NAME Roger Stillman 3.3 STREET ADDRESS 3952 McCall Rd 3.4 CITY-ST-ZIP Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME OATHOUT, GLENDA STREET ADDRESS 3952 MCCALL RD CITY-ST-ZIP ENGLEWOOD, FL 00000	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S 4.2 NAME Patsy Johnson 4.3 STREET ADDRESS 3952 McCall Rd 4.4 CITY-ST-ZIP Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HENRY GEORGE STREET ADDRESS 3952 MCCALL RD CITY-ST-ZIP ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Jean Whittaker 5.3 STREET ADDRESS 3952 McCall Road 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ATCHISON, TOM STREET ADDRESS 3952 MCCALL RD CITY-ST-ZIP ENGLEWOOD FL	<input type="checkbox"/> DELETE	6.1 TITLE P 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: KATHY BECK		(941) 475-6656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0062810	



CR2E037 (9/96)