


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704755** (8)  
1. Corporation Name  
**ENGLEWOOD AREA BOARD OF REALTORS, INC.**

Principal Place of Business <b>3952 MCCALL ROAD ENGLEWOOD FL 34224</b>	Mailing Address <b>3952 MCCALL ROAD ENGLEWOOD FL 34224</b>
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3. Date Incorporated or Qualified <b>11/08/1962</b>	
4. FEI Number <b>59-1688788</b>	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GUNDERSON, MKO 1881 PLACIDA ROAD GROVE CITY FL 34224</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIDGE, CLAUDIA</b>	1.2 NAME	
STREET ADDRESS	<b>3952 MCCALL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAMEWOOD, KATHY</b>	2.2 NAME	
STREET ADDRESS	<b>3952 MCCALL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STILLMAN, ROGER</b>	3.2 NAME	
STREET ADDRESS	<b>3952 MCCALL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, PATSY</b>	4.2 NAME	
STREET ADDRESS	<b>3952 MCCALL RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHITTAKER, JEAN</b>	5.2 NAME	
STREET ADDRESS	<b>3952 MCCALL RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ATCHISON, TOM</b>	6.2 NAME	<b>JOHN Kaff</b>
STREET ADDRESS	<b>3952 MCCALL RD</b>	6.3 STREET ADDRESS	<b>1927 Beach Rd.</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	6.4 CITY-ST-ZIP	<b>Englewood Fl. 34223</b>

14. 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 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:

*Robert A. Stillman*

*April 24/1998*

CR2E037 (10/97)