

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:43

DOCUMENT # 705215 (2)

1. Corporation Name  
**THE GREATER CLEARWATER ASSOCIATION OF REALTORS, INC.**

Principal Place of Business Mailing Address  
1330 CLEVELAND STREET CLEARWATER FL 34615 P O BOX 1259 CLEARWATER FL 34617 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/18/1963 3a. Date of Last Report 07/06/1994  
4. FEI Number 59-1006368 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERG, PRISCILLA L.  
1330 CLEVELAND STREET  
CLEARWATER FL 34615

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 607.0502 and 607.1509, 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 607.0505, 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 P  
NAME ROGERS, PHILIP W  
STREET ADDRESS 1330 CLEVELAND ST  
CITY-ST-ZIP CLEARWATER FL  
TITLE D  
NAME ROSENBERG, PRISCILLA L  
STREET ADDRESS 1330 CLEVELAND ST  
CITY-ST-ZIP CLEARWATER FL  
TITLE TD  
NAME BRELIANT, EDWARD  
STREET ADDRESS 1330 CLEVELAND ST  
CITY-ST-ZIP CLEARWATER FL  
TITLE SD  
NAME ARDOLINO, JOHN E  
STREET ADDRESS 1330 CLEVELAND ST  
CITY-ST-ZIP CLEARWATER FL  
TITLE V  
NAME FLAIG, EVELYN SUE  
STREET ADDRESS 1330 CLEVELAND ST  
CITY-ST-ZIP CLEARWATER FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  Change  Addition  
1.2 NAME Evelyn Sue Flaig  
1.3 STREET ADDRESS 1330 Cleveland St Clearwater, FL 34615  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME Rosenberg, Priscilla L  
2.3 STREET ADDRESS 1330 Cleveland St  
2.4 CITY-ST-ZIP Clearwater, FL 34615  
3.1 TITLE  Change  Addition  
3.2 NAME Toole, Clark  
3.3 STREET ADDRESS 1330 Cleveland St  
3.4 CITY-ST-ZIP Clearwater, FL 34615  
4.1 TITLE  Change  Addition  
4.2 NAME Smith, David  
4.3 STREET ADDRESS 1330 Cleveland St  
4.4 CITY-ST-ZIP Clearwater, FL 34615  
5.1 TITLE  Change  Addition  
5.2 NAME Geras, Joyce  
5.3 STREET ADDRESS 1330 Cleveland St  
5.4 CITY-ST-ZIP Clearwater, FL 34615  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Priscilla L. Rosenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95 PIS-442-0408  
Date Daytime Phone #