

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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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 34617-1259
US**



3. Date Incorporated or Qualified **02/18/1963** 3a. Date of Last Report **02/26/1996**

4. FEI Number **59-1006368** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BELCHER, CARLA~~
**1330 CLEVELAND ST
P O BOX 1259
CLEARWATER FL 34617**

81 Name **Nannette Piklor**
82 Street Address (P.O. Box Number is Not Acceptable) **1330 Cleveland Street**
83 **P O Box 1259**
84 City **Clearwater** **FL** 85 Zip Code **34617**

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

Nannette M. Piklor

(NOTE: Registered Agent signature required when reinstating)

DATE **2/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERAS, JOYCE	1.2 NAME	Toole, Clark
STREET ADDRESS	1330 CLEVELAND ST	1.3 STREET ADDRESS	1330 Cleveland St
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLE, CLARK	2.2 NAME	Hanlon, Keith
STREET ADDRESS	1330 CLEVELAND ST	2.3 STREET ADDRESS	1330 Cleveland St
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, KEITH	3.2 NAME	Riley, Nancy
STREET ADDRESS	1330 CLEVELAND ST	3.3 STREET ADDRESS	1330 Cleveland St
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JINKS, SUSAN	4.2 NAME	Smith, Dave
STREET ADDRESS	1330 CLEVELAND ST	4.3 STREET ADDRESS	1330 Cleveland St
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater FL
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCHER, CARLA	5.2 NAME	Piklor, Nannette
STREET ADDRESS	1330 CLEVELAND ST	5.3 STREET ADDRESS	1330 Cleveland St
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Clearwater FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Nannette M. Piklor

DATE **3/10/97** **813-442111**

CR2E037 (9/96)