

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 1330 CLEVELAND STREET CLEARWATER FL 34615	Mailing Address P O BOX 1259 CLEARWATER FL 34617-1259 US
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3. Date Incorporated or Qualified 02/18/1963	3a. Date of Last Report 02/26/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number 59-1006368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**~~BELCHER, CARLA~~
1330 CLEVELAND ST
P O BOX 1259
CLEARWATER FL 34617**

10. Name and Address of New Registered Agent
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 85 Zip Code
FL 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* DATE **2/24/97**

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME GERAS, JOYCE	
STREET ADDRESS 1330 CLEVELAND ST	
CITY-ST-ZIP CLEARWATER FL	
TITLE V	<input type="checkbox"/> DELETE
NAME TOOLE, CLARK	
STREET ADDRESS 1330 CLEVELAND ST	
CITY-ST-ZIP CLEARWATER FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME HANLON, KEITH	
STREET ADDRESS 1330 CLEVELAND ST	
CITY-ST-ZIP CLEARWATER FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME JINKS, SUSAN	
STREET ADDRESS 1330 CLEVELAND ST	
CITY-ST-ZIP CLEARWATER FL	
TITLE P	<input type="checkbox"/> DELETE
NAME BELCHER, CARLA	
STREET ADDRESS 1330 CLEVELAND ST	
CITY-ST-ZIP CLEARWATER FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Toole, Clark	
1.3 STREET ADDRESS 1330 Cleveland St	
1.4 CITY-ST-ZIP Clearwater FL	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Hanlon, Keith	
2.3 STREET ADDRESS 1330 Cleveland St	
2.4 CITY-ST-ZIP Clearwater FL	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Riley, Nancy	
3.3 STREET ADDRESS 1330 Cleveland St	
3.4 CITY-ST-ZIP Clearwater FL	
4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Smith, Dave	
4.3 STREET ADDRESS 1330 Cleveland St	
4.4 CITY-ST-ZIP Clearwater FL	
5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Piklor, Nannette	
5.3 STREET ADDRESS 1330 Cleveland St	
5.4 CITY-ST-ZIP Clearwater FL	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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**

CR2E037 (9/96)