

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 27 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **710129** (8)

1. Corporation Name

**ST. PETERSBURG SUNCOAST ASSOCIATION OF REALTORS,  
INC.**

Principal Place of Business

Mailing Address

**7655 38TH AVENUE NORTH  
ST. PETERSBURG FL 33710-1275**

**7655 38TH AVENUE NORTH  
ST. PETERSBURG FL 33710-1275**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1965**

3a. Date of Last Report

**01/25/1994**

4. FEI Number

**59-0678688**

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**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUIBERSON, ANN  
7655 38TH AVENUE NORTH  
ST. PETERSBURG FL 33710**

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 607.1508, 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 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

|                 |                                      |
|-----------------|--------------------------------------|
| TITLE           | <b>PD</b>                            |
| NAME            | <b>SAMUELS, KATHLEEN A.</b>          |
| STREET ADDRESS  | <b>6650 GULF BLVD.</b>               |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>             |
| TITLE           | <b>PED</b>                           |
| NAME            | <b>QUINTY, KATHY S.</b>              |
| STREET ADDRESS  | <b>6798 CROSSWINDS DRIVE N D-100</b> |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>             |
| TITLE           | <b>TD</b>                            |
| NAME            | <b>WASILIK, RICHARD F.</b>           |
| STREET ADDRESS  | <b>3129 49TH ST N</b>                |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>             |
| TITLE           | <b>D</b>                             |
| NAME            | <b>BOWMAN, JACKSON H III</b>         |
| STREET ADDRESS  | <b>5409 16TH ST N</b>                |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>             |
| TITLE           | <b>SD</b>                            |
| NAME            | <b>FRIEDLANDER, BEN G.</b>           |
| STREET ADDRESS  | <b>5999 CENTRAL AVE.</b>             |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>             |
| TITLE           | <b>M</b>                             |
| NAME            | <b>GUIBERSON, ANN</b>                |
| STREET ADDRESS  | <b>7655 38TH AVE N</b>               |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                           |                                                                              |
|---------------------|-------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>PD</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>QUINTY, KATHY S.</b>                   |                                                                              |
| 1.3 STREET ADDRESS  | <b>6798 Crosswinds Drive North #D-100</b> |                                                                              |
| 1.4 CITY - ST - ZIP | <b>St. Petersburg, FL 33710</b>           |                                                                              |
| 2.1 TITLE           | <b>PED</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>RILEY, ALAN N.</b>                     |                                                                              |
| 2.3 STREET ADDRESS  | <b>9400 Seminole Blvd.</b>                |                                                                              |
| 2.4 CITY - ST - ZIP | <b>St. Petersburg, FL 34642</b>           |                                                                              |
| 3.1 TITLE           | <b>TD</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>FRIEDLANDER, BEN G.</b>                |                                                                              |
| 3.3 STREET ADDRESS  | <b>5999 Central Avenue</b>                |                                                                              |
| 3.4 CITY - ST - ZIP | <b>St. Petersburg, FL 33710</b>           |                                                                              |
| 4.1 TITLE           | <b>D</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>SAMUELS, KATHLEEN A.</b>               |                                                                              |
| 4.3 STREET ADDRESS  | <b>6650 Gulf Blvd.</b>                    |                                                                              |
| 4.4 CITY - ST - ZIP | <b>St. Pete Beach, FL 33706</b>           |                                                                              |
| 5.1 TITLE           | <b>SD</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | <b>WASILIK, RICHARD F.</b>                |                                                                              |
| 5.3 STREET ADDRESS  | <b>3129 49th Street North</b>             |                                                                              |
| 5.4 CITY - ST - ZIP | <b>St. Petersburg, FL 33710</b>           |                                                                              |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ann Guiberson* **Ann Guiberson, Executive VP** **4/1/95 (813) 347-7655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #