NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710129

1. Corporation Name

ST. PETERSBURG SUNCOAST ASSOCIATION OF REALTORS, INC.

Principal Place of Business 7655 38TH AVENUE NORTH ST. PETERSBURG FL 33710-1275

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90036 005 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/29/1965

59-0678688

4. FEI Number

ري (د)		20		
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	25	29 30	1	10. Name and Address of New Registered Agent
	9. Name and Address of Current F	Registered Agent	81 Name	
			O' Name	
AUKETT, TRACEEN P			82 Stree	t Address (P.O. Box Number is Not Acceptable)
7655 38TH AVE N				
ST. PETERSBURG FL 33710			83	
			84 City	FL 85 Zip Code
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 a	m familiar with, and accept the obligatio	ns of, Section 617.0503, Florida	Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	SD Change Addition
NAME	POWELL, MARIE	•	1.2 NAME	SMYTH, WALTER
STREET ADDRESS	3325 66TH ST N		1.3 STREET ADDRES	S 4853 VENETAN PLACE N.E.
CITY-ST-ZIP	ST PETERSBURG FL 33710		1.4 CITY-ST-ZIP	ST. PETERS BURG, FL 33103 Change Addition
TITLE	VP	DELETE	2.1 TITLE	☐ Change
NAME	ROBERTSON, STEVEN G		2.2 NAME	DIESING, DEBORAH
STREET ADDRESS			2.3 STREET ADDRES	1
CITY-ST-ZIP	MADERIA BCH FL 33708		2, 4 CITY-ST-ZIP	ST. PETERS BURG, FL 33707
TITLE	TD	DELETE	31 TITLE	Change Addition
NAME	COCKRELL, BERNARD Y	• •	3.2 NAME	
STREET ADDRESS	OFF WIGHT BILLS		3.3 STREET ADDRES	s
	SEMINOLE FL 34642		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	SD DEEDT W	<u> </u>	4. 2 NAME	HENDRY PARERT W
	HENDRY, ROBERT W		4.3 STREET ADDRES	HENDRY, ROBERT W S 1001 68 TH ST. N.
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4.4 CITY-ST-ZIP	CT DETERS BUDG FL 33 9/1
TITLE	ST PETERSBURG FL 33710	☐ DELETE	5.1 TITLE	ST PETERS BURG, FL 33 1/0
	D TOACEEN M	<u> </u>	5.2 NAME	
NAME	AUKETT, TRACEEN M		5.3 STREET ADDRES	s
STREET ADDRESS	1000 00111711211		5.4 CITY-ST-ZIP	
CITY-ST-ZIP	ST PETERSBURG FL 33710	□ OELETE	6.1 TITLE	Change ☐ Addition
TITLE	P		6.2 NAME	FRIEDLANDER, BENG.
NAME	FRIEDLANDER, BEN G.		6.3 STREET ADDRES	S 65 26 CENTRAL AVE.
STREET ADDRESS	6526 CENTRAL AVE.			65 26 CENIKITA 11
CITY-ST-ZIP	ST. PETERSBURG FL 33707	this films does not asset for the	6.4 CHY-ST-ZIP	ad in Section 119 07(3)(i) Florida Statutes I further certify that the information
CITY-ST-ZIP ST. PETERSBURG FI. 33707 14. I hereby do this provide conductive studies and accurate and that my signature shall have the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer oath of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer of the same least effect as if made under oath; that I am an answer oath oath oath oath oath oath oath oath				

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 Date

Daytime Phone #

CR2F037 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable