

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710308** (8)  
1. Corporation Name

**MANATEE COUNTY BOARD OF REALTORS, INC.**



Principal Place of Business <b>2901 MANATEE AVE. WEST BRADENTON FL 34205</b>		Mailing Address <b>2901 MANATEE AVE. WEST BRADENTON FL 34205</b>		3. Date Incorporated or Qualified <b>02/04/1966</b>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-6180920</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	Zip	28	Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GAAR, PAULETTE 6302 MANATEE AVE. WEST BRADENTON FL 34205</b>		10. Name and Address of New Registered Agent 81 Name <b>ROBERT GRANT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Scotland Yard Realty Inc.</b> 83 <b>3014 Manatee Ave. West</b> 84 City <b>Bradenton, FL</b> 85 Zip Code <b>34205</b>	
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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 *[Signature]* **1998 President Robert Grant** DATE **3-11-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTONDO, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>4654 STATE RD. 84 E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODHAM, LENORA</b>	2.2 NAME	<b>GREENWAY, Jeff</b>
STREET ADDRESS	<b>101 RIVERFRONT BLVD.</b>	2.3 STREET ADDRESS	<b>605C Manatee Ave.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>Holmes Beach, FL 34217</b>
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAAR, PALLY</b>	3.2 NAME	
STREET ADDRESS	<b>6302 MANATEE AVE. W.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, SANDY</b>	4.2 NAME	
STREET ADDRESS	<b>4330 BEEKMAN PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANT, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>3014 MANATEE AVE WEST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHRODER, DON</b>	6.2 NAME	
STREET ADDRESS	<b>5600 MARINA DR. #8</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	6.4 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1998 President** DATE **3-18-98** **943-747-1818**  
Signature, typed or printed name of signing officer or director Date Filing Phone #

CR2E037 (10/97)