FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:02

DOCUMENT # 710458 (1)

1. Corporation Name

MELBOURNE AREA ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
1450 SARNO RD MELBOURNE FL 32935	1450 SARNO RD MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1972
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2001812 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

WILSON, SAMUEL H.
1450 SARNO ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, JEAN	1.2 NAME		
STREET ADDRESS	536 COCONUT ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	SATTELLITE BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PED	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HOLSTEIN, CHARLES E JR	2.2 NAME		
STREET ADDRESS	4670 BABCOCK ST, NE SUITE 3	2.3 STREET ADDRESS	1460 Baytree Drive, NE	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Palm Bay FL	
TITLE	EV	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, SAMUEL H	3.2 NAME		
STREET ADDRESS	1450 SARNO ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCLUSKEY, BETTY S	4.2 NAME		
STREET ADDRESS	2955 PINEDA CAUSEWAY - SUITE 107	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	PE/D	☒ Change ☐ Addition
NAME	TOLMAN, PRISCILLA M	5.2 NAME		
STREET ADDRESS	10 SOUTH HARBOR CITY BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME	COLEMAN, PERRY J JR.	6.2 NAME	Barbara C. Wall	
STREET ADDRESS	1090 NORTH HWY A-1-A	6.3 STREET ADDRESS	777 No. Highway A-1-A, Ste 101	
CITY-ST-ZIP	INDIANLANTIC FL	6.4 CITY-ST-ZIP	Indialantic FL	

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 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: _____ 1/18/95 407/242-2211
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038007