

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

01/12/1972

3a. Date of Last Report

01/24/1995

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

4. FEI Number

59-2001812

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, SAMUEL H.
1450 SARNO ROAD
MELBOURNE FL 32935

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 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 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	RUBIN, JEAN	536 COCONUT ST	SATELLITE BEACH FL	<input type="checkbox"/>
PD	HOLSTEIN, CHARLES E JR	1460 BAYTREE DR., NE	PALM BAY FL	<input type="checkbox"/>
EV	WILSON, SAMUEL H	1450 SARNO ROAD	MELBOURNE FL	<input type="checkbox"/>
D	MCCCLUSKEY, BETTY S	2955 PINEDA CAUSEWAY - SUITE 107	MELBOURNE FL	<input checked="" type="checkbox"/>
PD	TOLMAN, PRISCILLA M	10 SOUTH HARBOR CITY BLVD.	MELBOURNE FL	<input type="checkbox"/>
TD	WALL, BARBARA C.	777 N. HIGHWAY A-1-A, STE. 101	INDIANLANTIC FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 Change	16 Addition
S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Cleone Ruth Schechter	635 Seville Court	Satellite Beach FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Christine P. Slaughter	1200 Malabar Road - Suite 3	Palm Bay FL 32907	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel H. Wilson, EVP

1/17/96

407/242-2211

Date

Daytime Phone #

CR2E037 (12/95)