

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32935-5208**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/12/1972</b>		3a. Date of Last Report <b>01/26/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2001812</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WILSON, SAMUEL H. 1450 SARNO ROAD MELBOURNE FL 32935</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUBIN, JEAN</b>	1.2 NAME	<b>Ostovich, J. Mischel</b>
STREET ADDRESS	<b>536 COCONUT ST</b>	1.3 STREET ADDRESS	<b>1097 South Patrick Drive</b>
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Satellite Beach FL 32937</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLSTEIN, CHARLES E JR</b>	2.2 NAME	<b>Steele, Jason</b>
STREET ADDRESS	<b>1460 BAYTREE DR., NE</b>	2.3 STREET ADDRESS	<b>325 Fifth Avenue #204</b>
CITY-ST-ZIP	<b>PALM BAY FL</b>	2.4 CITY-ST-ZIP	<b>Indialantic FL 32903</b>
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, SAMUEL H</b>	3.2 NAME	
STREET ADDRESS	<b>1450 SARNO ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHECHTER, CLEONE R</b>	4.2 NAME	
STREET ADDRESS	<b>635 SEVILLE COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOLMAN, PRISCILLA M</b>	5.2 NAME	<b>Holstein, Jane A.</b>
STREET ADDRESS	<b>10 SOUTH HARBOR CITY BLVD.</b>	5.3 STREET ADDRESS	<b>1460 Baytree Dr., NE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	5.4 CITY-ST-ZIP	<b>Palm Bay FL 32905</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLAUGHTER, CHRISTINE P</b>	6.2 NAME	
STREET ADDRESS	<b>1200 MALABAR ROAD SUITE 3</b>	6.3 STREET ADDRESS	<b>1900 Harbor City Blvd. #323</b>
CITY-ST-ZIP	<b>PALM BAY FL</b>	6.4 CITY-ST-ZIP	<b>Melbourne FL 32901</b>

14. I do 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: Samuel H. Wilson Samuel H. Wilson, Exec. Vice Pres. 1/15/97 407/242-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019543

CR2E037 (9/96)