## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

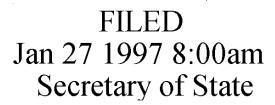
1997 DOCUMENT # 1. Corporation Name

MELBOURNE AREA ASSOCIATION OF REALTORS, INC.

Principal Place of Business	5
1450 SARNO RD	

Mailing Address

1450 SARNO RD





MELBOURNE FI	. 32935	MELBOURNE FL 32935-520	08		
				3. Date Incorporated or Qualified 01/12/1972	3s. Date of Last Report 01/26/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
n[		26		59-2001812	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		XYes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	agistered Agent
			81 Nami	•	
WILSON	, SAMUEL H.		82 Stree	t Address (P.O. Box Number is Not Accepta	ble)
	RNO ROAD				
MELBOL	JRNE FL 32935		83		
			84 City		85 Zip Code
			O4 City		FL 85 Zip Code
	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Fiorida. Such change was a gations of, Section 617,0503, Fk	authorized by the co orida Statutes.	d corporation submits this statement for the rporation's board of directors. I hereby acce	pt the appointment as registered
ÇÇÇÇ'ATURE J	Signature Typed or printed name of registered ac	gent and title if applicable. (NOT	E: Registered Agent signatu	re réquired when reinstaling)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	S	<b>⚠</b> DELETE	1.1 TITLE	T	Change A Addition
NAME	RUBIN, JEAN		1.2 NAME	Ostovich, J. Mischel	
STREET ADDRESS	536 COCONUT ST		1.3 STREET ADDRESS	1097 South Patrick Dr	ive
CITY - ST - ZIP	SATTELLITE BEACH FL		1.4 CITY-ST-ZIP	Satellite Beach FL	32937
TITLE	D	X DELETE	21 TITLE	D	Change X Addition
NAME	HOLSTEIN, CHARLES E JR		22 NAME	Steele, Jason	
STREET ADDRESS	1460 BAYTREE DR., NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2. 4 CITY - ST - ZIP		903
TITLE	EV	☐ DELETE	3.1 TITLE		Change Addition
NAME	WILSON, SAMUEL H		3.2 NAME		
STREET ADORESS	1450 SARNO ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY - \$T - ZIP		
THILE	D	DELETE	4.1 TULE	P	X Change Addition
NAME	SCHECHTER, CLEONE R		4. 2 NAME		
STREET ADDRESS	635 SEVILLE COURT		4.3 STREET ADDRESS	ş <b>İ</b>	
CITY - ST - ZIP	SATELLITE BEACH FL		4.4 CITY - ST - ZIP	•	
TITLE	PO	X DELETE	5.1 TITLE	S	Change X Addition
NAME	TOLMAN, PRISCILLA M	•	5.2 NAME	Holstein, Jane A.	
STREET ADDRESS	10 SOUTH HARBOR CITY B	SLVD.	5.3 STREET ADDRESS	1	
CITY-ST-ZIP	MELBOURNE FL	· <del>··········</del>	5.4 CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	T	DELETE	6.1 TITLE	D	Change Addition
NAME	SLAUGHTER, CHRISTINE P	_	6.2 NAME		_ • • — ··
STREET ADDRESS	1200 MALABAR ROAD SUIT	Œ 3	6.3 STREET ADDRESS	1900 Harbor City Blvd	. #323
CITY-ST-ZIP	PALM BAY FL		6.4 CITY-ST-ZIP	Melbourne FL 3290	
UIT-31-ZIP	INEMUNITE		0.4 011T-\$1-4IF	TENTIONIE IN 3430	<u> </u>

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, Exec. Vice Pres.

Typed or Printed Name of Signing Officer on Director

Date

407/242-2211