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FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710458 (1)
1. Corporation Name
MELBOURNE AREA ASSOCIATION OF REALTORS, INC.



Principal Place of Business 1450 SARNO RD MELBOURNE FL 32935	Mailing Address 1450 SARNO RD MELBOURNE FL 32935
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3. Date Incorporated or Qualified 01/12/1972	
4. FEI Number 59-2001812	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WILSON, SAMUEL H. 1450 SARNO ROAD MELBOURNE FL 32935	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T OSTOVICH, MICHEL J.
STREET ADDRESS	1097 SOUTH PATRICK DRIVE
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D STEELE, JASON
STREET ADDRESS	325 FIFTH AVE., #204
CITY-ST-ZIP	INDIALANTIC FL
TITLE	<input type="checkbox"/> DELETE
NAME	EV WILSON, SAMUEL H
STREET ADDRESS	1450 SARNO ROAD
CITY-ST-ZIP	MELBOURNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	P SCHECHTER, CLEONE R
STREET ADDRESS	635 SEVILLE COURT
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	S HOLSTEIN, JANE A.
STREET ADDRESS	1460 BAYTREE DR. NE
CITY-ST-ZIP	PALM BAY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SLAUGHTER, CHRISTINE P
STREET ADDRESS	1900 HARBOR CITY BLVD., #323
CITY-ST-ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T Willmarth, Robert Nielsen
1.3 STREET ADDRESS	261 Naylor Drive
1.4 CITY-ST-ZIP	West Melbourne FL 32904
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 **Samuel H. Wilson** 1/13/98 403 244-1111

CR2E037 (10/97)