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02-22-1999 90036 047 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710458					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		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	
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 RUBIN, JEAN M. 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 Jean M. Rubin **Jean M. Rubin, President** January 6, 1999
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLMARTH, ROBERT N	1.2 NAME	
STREET ADDRESS	261 NAYLOR DR	1.3 STREET ADDRESS	4120-A MINTON ROAD
CITY-ST-ZIP	W MELBOURNE FL 32904	1.4 CITY-ST-ZIP	WEST MELBOURNE FL 32904
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, JASON	2.2 NAME	RUBIN, JEAN M.
STREET ADDRESS	325 FIFTH AVE., #204	2.3 STREET ADDRESS	7025 N. WICKHAM RD #113
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EV WILSON, SAMUEL H	3.2 NAME	DILAVORE, PETER V.
STREET ADDRESS	1450 SARNO ROAD	3.3 STREET ADDRESS	2550 PALM BAY RD, NE #113
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHECHTER, CLEONE R	4.2 NAME	COLLINS, EUGENE J.
STREET ADDRESS	635 SEVILLE COURT	4.3 STREET ADDRESS	5275 BABCOCK ST. NE # 2
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSTEIN, JANE A.	5.2 NAME	STUHL MILLER, ROBERT C.
STREET ADDRESS	1460 BAYTREE DR. NE	5.3 STREET ADDRESS	1800 PENN STREET # 3
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, CHRISTINE P	6.2 NAME	
STREET ADDRESS	1900 HARBOR CITY BLVD., #323	6.3 STREET ADDRESS	2550 PALM BAY RD, NE #108
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	PALM BAY FL 32905

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, with all other like empowered.

SIGNATURE: Jean M. Rubin **REQUIRED** Jan. 6, 1999 407/259-2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)