2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710857

FILED Jan 20, 2009 Secretary of State

Entity Name: LAKELAND ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business:

820 S FLORIDA AVE SUITE 100

LAKELAND, FL 33801 US

Current Mailing Address: New Mailing Address:

820 S. FLORIDA AVE. SUITE 100 LAKELAND, FL 33801

FEI Number: 59-6159096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATSON, STEPHEN C ESQ ONE LAKE MORTON DR. LAKELAND, FL 33801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Floatronia Signature of Degistered Agent

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 MATTSON, ARTHUR
 Name:
 MILLER, SYLVIA

 Address:
 422 S FLORIDA AVE
 Address:
 218 EAST PINE STRE

 City-St-Zip:
 LAKELAND, FL 33803
 City-St-Zip:
 LAKELAND, FL 33801

Title: PE () Delete Title: PE (X) Change () Addition
Name: MILLER, SYLVIA Name: DEMPSEY, RICHARD
Address: 218 E PINE ST Address: 5120 SOUTH LAKELAND DRIVE

Address: 218 E PINE ST Address: 5120 SOUTH LAKELAND DRIVE City-St-Zip: LAKELAND, FL 33813

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: WARD-TERRY, DEBBIE Name: CHANDLER, BROOKS
Address: 1715 S FLORIDA AVENUE Address: 4406 SOUTH FLORIDA AVE. SUITE 27

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33813

Title: TRE () Delete Title: TRE (X) Change () Addition

 Name:
 MCGLAUORY, TOM
 Name:
 MCDONOUGH, SHAWN

 Address:
 5950 IMPERIAL LAKES BLVD
 Address:
 1715 SOUTH FLORIDA AVE

 City-St-Zip:
 MULBERRY, FL 33806
 City-St-Zip:
 LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BARNES CEO 01/20/2009