

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712553

FILED
Feb 13, 2006
Secretary of State

Entity Name: NORTHEAST FLORIDA ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

7801 DEERCREEK CLUB ROAD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7801 DEERCREEK CLUB ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-0306124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAST, WILLIAM GLENN
7801 DEERCREEK CLUB RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: SEITZINGER, KAY
Address: 24 TURTLEBACK TRAIL
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: PD () Delete
Name: SHERRER, LINDA
Address: 4190 BELFORT ROAD, STE 475
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SD () Delete
Name: MOTZ, BILLIE
Address: 106 WILKINSON LANE
City-St-Zip: PALATKA, FL 32177 US

Title: TD () Delete
Name: MCVEIGH, EILEEN
Address: 5138 OTTER CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: CEOD () Delete
Name: EAST, WILLIAM G
Address: 7801 DEERCREEK CLUB RD
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEITZINGER, KAY
Address: 24 TURTLEBACK TRAIL
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: PED (X) Change () Addition
Name: OLTMANNS, HENRY
Address: 12501 MASTERS RIDGE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SD (X) Change () Addition
Name: SIECKER, BONNIE
Address: 2141 DERRINGER CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TD (X) Change () Addition
Name: KANYAR, MILAGROS
Address: 5407 FERN CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM GLENN EAST

CEOD

02/13/2006

Electronic Signature of Signing Officer or Director

Date