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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713054** (5)

1. Corporation Name

SPACEPORT ASSOCIATION OF REALTORS, INC.

Principal Place of Business

Mailing Address

**2701 GARDEN STREET
TITUSVILLE FL 32796
US**

**P.O. BOX 480
SHARPESS FL 32859-0480**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **115 S. Lemon Ave.**

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

32796

Titusville, FL

FL

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/11/1967

3a. Date of Last Report

05/01/1996

4. FEI Number

23-7434667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**MESSER, SANDRA J
C/O WILLISON & HUTSON, CPA
115 SOUTH LEMON AVENUE
TITUSVILLE FL 32796**

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
JOHNS, MARK B
STREET ADDRESS **310 CHENEY HWY**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME **PE**
SOLOMON, SHIRLEY
STREET ADDRESS **2222 S. WASHINGTON AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME **T**
BECK, TED
STREET ADDRESS **310 CHENEY HWY**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME **S**
SHAFFER, LORENE
STREET ADDRESS **1516 WAKEFIELD TERRACE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ DELETE

NAME **PD**
MESSER, SANDRA
STREET ADDRESS **4795 FAY BLVD. #8**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97
Date

Daytime Phone # **0020384**

CR2E037 (9/96)