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Mar 26 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 # 714410 (8)

1. Corporation Name
CAPE CORAL ASSOCIATION OF REALTORS, INC.

Principal Place of Business 918 SE 46TH LANE CAPE CORAL FL 33904	Mailing Address 918 SE 46TH LANE CAPE CORAL FL 33904-8844
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/09/1968	3a. Date of Last Report 04/10/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1218870	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KAREN M. MASON 918 SE 46TH LANE CAPE CORAL FL 33904		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCEWAN, CYNTHIA E.		1.2 NAME LETENDRE, GLORIA G.	
STREET ADDRESS 2503 DEL PRADO BLVD #500		1.3 STREET ADDRESS 802 S.E. 47TH TERRACE	
CITY-ST-ZIP CAPE CORAL FL		1.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE PED	<input type="checkbox"/> DELETE	2.1 TITLE PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LETENDRE, GLORIA		2.2 NAME WILLIAM J. ELLISON	
STREET ADDRESS 802 S.W. 47TH TERRACE		2.3 STREET ADDRESS 3523 DEL PRADO BLVD.	
CITY-ST-ZIP CAPE CORAL FL		2.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARRINGTON, JOHN		3.2 NAME MARY MARGARET EMBROLI	
STREET ADDRESS 2503 DEL PRADO BLVD #500		3.3 STREET ADDRESS 1505 S.E. 40TH ST. SUITE C	
CITY-ST-ZIP CAPE CORAL FL		3.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SORENSEN, CATHY		4.2 NAME JOSPEH INTERBARTOLO	
STREET ADDRESS 1105-C CAPE CORAL PKWY		4.3 STREET ADDRESS 4040 DEL PRADO BLVD.	
CITY-ST-ZIP CAPE CORAL FL		4.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLE, BRENDA		5.2 NAME CATHY SORENSON	
STREET ADDRESS 1515 S.E. CAPE CORAL PKWY.		5.3 STREET ADDRESS 1105-C CAPE CORAL PKWY	
CITY-ST-ZIP CAPE CORAL FL 33904		5.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TATE, GLORIA		6.2 NAME	
STREET ADDRESS 4812 CAPE CORAL STREET		6.3 STREET ADDRESS SAME	
CITY-ST-ZIP CAPE CORAL FL		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:  **WILLIAM J. ELLISON, PRESIDENT ELECT**
03/19/97

CR2E037 (9/96)