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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714410

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

Principal Place of Business	Mailing Address
918 SE 46TH LANE CAPE CORAL FL 33904	918 SE 46TH LANE CAPE CORAL FL 33904

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/09/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1218870 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ELLISON, WILLIAM		1.2 NAME	INTERBARTOLO, JOSEPH	
STREET ADDRESS	352 DEL PRADO BLVD		1.3 STREET ADDRESS	4040 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	BRADEN, BERNICE		2.2 NAME	BRADEN, BERNICE	
STREET ADDRESS	4818 CAPE CORAL ST		2.3 STREET ADDRESS	4818 CAPE CORAL STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HARRINGTON, JOHN		3.2 NAME	PIERCE, ILAMARIE	
STREET ADDRESS	2503 DEL PRADO BLVD #500		3.3 STREET ADDRESS	4226 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LETENDRE, GLORIA G		4.2 NAME	ELLISON, WILLIAM	
STREET ADDRESS	802 SE 47TH TERRACE		4.3 STREET ADDRESS	352 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904		4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SORENSON, CATHY		5.2 NAME	SORENSON, CATHY	
STREET ADDRESS	1105-C CAPE CORAL PKWY		5.3 STREET ADDRESS	4306-DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	PED	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	TATE, GLORIA		6.2 NAME	HEISLER, DONALD	
STREET ADDRESS	4812 CAPE CORAL STREET		6.3 STREET ADDRESS	808 S.E. 46TH LANE	
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 3/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #