

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715187 (1)

1. Corporation Name

CAPE KENNEDY AREA BOARD OF REALTORS, INC.

Principal Place of Business

Mailing Address

**105 MCLEOD COURT
MERRITT ISLAND FL 32953-3465**

**105 MCLEOD COURT
MERRITT ISLAND FL 32953-3465**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1968

3a. Date of Last Report

04/26/1994

4. FEI Number

23-1250368

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPIELVOGEL, LEONARD
101 S COURTNEY PKWY
MERRITT ISLAND FL 32952**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**-D
TOLSON, DONNA
279 CROCKETT BLVD.
MERRITT ISLAND FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**V D
Barber, Daniel J
255 Merritt Island Causeway
Merritt Island, Florida 32953**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P y
BROWN, THEODORA
1733 N ATLANTIC AVE
COCOA BCH FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**T/D
Daignault, John
215 N. Courtenay Parkway
Merritt Island, Florida 32953**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D x
HOUHA, SUSAN
6745 S. TROPICAL TRAIL
MERRITT ISLAND FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**P E, D
Basile, Dennis
7370 Cabot Court #101
Melbourne, FL 32940**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
LEWIS, GEORGE
3500 N ATLANTIC AVE
COCOA BCH FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**P/D
LEWIS, GEORGE
3500 N. Atlantic Avenue
Cocoa Beach, Florida 32931**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
ELEBASH, ALBERT
200 WILLIARD ST STE 2B
COCOA FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

**V/D
Elebash, Albert
200 Williard St. Ste 2B
Cocoa, Florida 32922**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
SELIG, LEAH M.
105 MCLEOD CT
MERRITT ISLAND FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**V/D
Selig, Leah M
105 McLeod Ct
Merritt Island, Florida 32953**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

Date

407-452-9490

Daytime Phone #