

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90072 001 \*\*\*\*61.25

0020705

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
---	---	--

**DOCUMENT # 715187**

1. Corporation Name

**SPACE COAST ASSOCIATION OF REALTORS, INC.**

Principal Place of Business  
**105 MCLEOD STREET**  
**MERRITT ISLAND FL 32953-3465**

Mailing Address  
**105 MCLEOD STREET**  
**MERRITT ISLAND FL 32953-3465**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/28/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-1250368	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRIS, CHUCK <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3436 S HOPKINS AVENUE	1.2 NAME	
STREET ADDRESS	TITUSVILLE FL 32953	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V DAIGNAULT, JOHN <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	315 N COURTENAY PKWY	2.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P DAVIS, JOANN <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1980 N. ATLANTIC AVE., #301	3.2 NAME	
STREET ADDRESS	COCOA BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOLMAUGH, T.D. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	305 BREVARD AVE	4.2 NAME	W. Ron Lakin
STREET ADDRESS	COCOA FL	4.3 STREET ADDRESS	1024 Garden St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Titusville FL 32796
TITLE	D ELEBASH, ALBERT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	200 WILLARD ST SUITE 2B	5.2 NAME	Donald Disston
STREET ADDRESS	COCOA FL	5.3 STREET ADDRESS	1365 N. Courtenay C
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D SELIG, LEAH M. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 MCLEOD CT	6.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Leah Selig*

Leah Selig

2/19/99

407-452-9490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)