

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90139 045 ****61.25

0006594

DOCUMENT # 715187

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1250368**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Leah M. Selig

Street Address (P.O. Box Number is Not Acceptable)

105 McLeod ST.

Merritt Island, FL 32953

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leah M. Selig

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

(NOTE: Registered Agent signature required when reinstating)

7-7-03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DAVIS, JOANN | |
| STREET ADDRESS | 1980 N ATLANTIC AVE STE 301 | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DURGIN, LISA | |
| STREET ADDRESS | 1775 N ATLANTIC AVE | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARBER, DAN | |
| STREET ADDRESS | 275 BONITA DR | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | WOJEWODA, PATRICIA | |
| STREET ADDRESS | 1733 N ATLANTIC | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | JEAN, BOBINSKI | |
| STREET ADDRESS | 1024 GARDEN ST | |
| CITY-ST-ZIP | TITUSVILLE FL 32796 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SELIG, LEAH M. | |
| STREET ADDRESS | 105 MCLEOD CT | |
| CITY-ST-ZIP | MERRITT ISLAND FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|---|
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lance Vandenberg | |
| STREET ADDRESS | 715 Carambola Dr. | |
| CITY-ST-ZIP | Merritt Island, FL 32952 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Patricia Bradshaw | |
| STREET ADDRESS | 847 Carriage Hill Rd. | |
| CITY-ST-ZIP | Melbourne, FL 32940 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leah M. Selig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

321-452-9490

Daytime Phone #

CR2E037 (4/03)