

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721736 (7)
1. Corporation Name
REALTORS ASSOCIATION OF CITRUS COUNTY, INC.



Principal Place of Business Mailing Address
**1619 W. GULF TO LAKE HWY
LECANTO FL 32661**

3. Date Incorporated or Qualified **09/21/1971** 3a. Date of Last Report **01/27/1995**
4. FEI Number **59-1743091** 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 **34461** 25 Country 28 Zip **34461** 29 Country 30

9. Name and Address of Current Registered Agent

**STANTON, ERNA
1619 W. GULF TO LAKE HWY
LECANTO FL 32661**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE **P** ☐ DELETE
NAME **BEGA, LINDA**
STREET ADDRESS **1102 N. HYW 41**
CITY-ST-ZIP **INVERNESS FL**
TITLE **D** ☒ DELETE
NAME **VARNADOE, STEVE**
STREET ADDRESS **823 E. HIGHWAY 44**
CITY-ST-ZIP **CRYSTAL RIVER FL**
TITLE **PE** ☐ DELETE
NAME **CROSLLEY, JAMES**
STREET ADDRESS **1031 N COMMERCE TERR**
CITY-ST-ZIP **LECANTO FL**
TITLE **D** ☒ DELETE
NAME **ADAMS, JAMES**
STREET ADDRESS **11309 W RIVERHAVEN DR**
CITY-ST-ZIP **HOMOSASSA FL**
TITLE **S** ☐ DELETE
NAME **STANTON, ERNA**
STREET ADDRESS **1619 W GULF TO LAKE HWY**
CITY-ST-ZIP **LECANTO FL**
TITLE **D** ☒ DELETE
NAME **PARSLEY, DIXIE**
STREET ADDRESS **4635 N CARL G ROSE HWY**
CITY-ST-ZIP **HERNANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **D** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE **PE** ☐ Change ☒ Addition
22 NAME **JANICE STOCKER**
23 STREET ADDRESS **8120 S. Suncoast Blvd.**
24 CITY-ST-ZIP **Homosassa, FL 34446**
31 TITLE **P** ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE **T** ☐ Change ☒ Addition
42 NAME **DONNA FRIES**
43 STREET ADDRESS **1100 W.Main St.**
44 CITY-ST-ZIP **Inverness, FL 34450**
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE **D** ☐ Change ☒ Addition
62 NAME **RICK SNELL**
63 STREET ADDRESS **6210 W. Corporate Oaks Dr.**
64 CITY-ST-ZIP **Crystal River, FL 34429**

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Erna Stanton, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996 352/746-7550

Date

Daytime Phone #

CR2E037 (12/95)