FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State • DIVISION OF CORPORATIONS

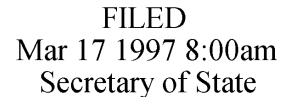
POCUMENT # 721736

(7)

REALTORS ASSOCIATION OF CITRUS COUNTY, INC.

Principal Place of Business 1819 W. QULF TO LAKE HWY LECANTO FL 32681 Mailing Address

1619 W. GULF TO LAKE HWY LECANTO FL 34461-8020





 Date Incorporated or Qualified 09/21/1971 3a. Date of Last Report 01/29/1996

2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-1743091	⊢	oplied For
21	4 -1-	26			39 17 4000 1		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28	-γ		Trust Fund Contribution	Added	to Fees
Zip 24	Country 25	Ζ(ρ 29	Country		8. This corporation has liability for intanglib		199.032
	9. Name and Address of Curren		1001		10. Name and Address of New Registere	d Agent	
			81	Name			
STANTON, ERNA 1819 W. GULF TO LAKE HWY LECANTO FL 32861				82 Street Address (P.O. Box Number is Not Acceptable)			
				Sireer Address (P.O. Dox Number is Not Acceptable)			
							V-11
			84	City	·····		<u> </u>
			84	City	F	L 85 Ζίρ (Code
11. Pursuant t	to the provisions of Sections 617,050	2 and 617.1508, Florida Stati	utes, the above	e-named cor	poration submits this statement for the purpose	of changing if	ts registered
office or n	egistered agent, or both, in the State m fam iliar with, and accept the obliga	of Florida. Such change was ations of Section 617 0503. F	authorized by Jorida Statutes	the corpora	tion's board of directors. I hereby accept the ap	ppointment as	registered
SIGNATURE _							
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (NC	TE: Registered Age	ent signature requ	ired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	
TITLE	D	DELETE	1.1 TITLE		PB	Change	X Addition
NAME	Bega, Linda		1.2 NAME		MCGEEHAN, KEVIN		
STREET ADDRESS	1102 N. HYW 41		1.3 STREET	ADDRESS .	1100 S.B. Highway 19		
CITY-ST-ZIP	INVERNESS FL		1.4 CiTY - S	1 - ZIP	CRYSTAL RIVER, FL 34429	<u> </u>	
TITLE	PB	☐ DELETE	2.1 TITLE		P	Change	Addition
NAME	STOCKER, JANICE		2.2 NAME		STOCKER, JANICE		
STREET ADDRESS	8120 S. SUNCOAST BLVD.		2.3 STREET	ADDRESS	8120 S. SUNCOAST BLVD.		
CITY-ST-ZIP	HOMOSASSA FL 34448		2. 4 CITY-5	ST-ZIP	HOMOSASSA, FL 34446		
TITLE	Р	☐ DELETE	3.1 TITLE		D .	Change	Addition
NAME	CROSLEY, JAMES		3.2 NAME		CROSLEY, JAMES		
STREET ADDRESS	1031 N COMMERCE TERR		3.3 STREET	ADDRESS	1744 BISMARK ST.		
CITY-ST-ZIP	LECANTO FL		3.4 CITY-5		HERNANDO, FL 34442		
TITLE	T	₩ DELETE	4.1 TITLE	1 '	D	Change	Addition
NAME	FRIES, DONNA		4.2 NAME	١ ١	FLORENCE KAUPMAN		
STREET ADDRESS	1100 W. MAIN STREET		4.3 STREET		117 S. MAIN ST		
CITY-ST-ZIP	INVERNESS FL 34450	——————————————————————————————————————	4.4 C(TY - S	T-ZIP	INVERNESS, FL 34450	T	11
TITLE	8	DELETE	5.1 TITLE			Change	Addition
NAME	STANTON, ERNA	,	5.2 NAME				
STREET ADDRESS	1619 W GULF TO LAKE HWY		5.3 STREET	1			
CITY-ST-ZIP	LECANTO FL		5.4 CITY-S			That or	1 1 1 1 1 1 1 1 1
TITLE	D	☐ DELETE	6.1 TITLE	'	r contraction of the contraction	Change	Addition
HAME	SNELL, RICK	00	6.2 NAME	}	SNELL, FREDERICK	0.00	
STREET ADDRESS	6210 W. CORPORATE OAKS	UK.	6.3 STREET	·	6210 W. CORPORATE OAK		
CITY-:\$T-2IP	CRYSTAL RIVER FL 34429	1 10 . 10 10 1	6.4 CITY-S		CRYSTAL RIVER, FL 3442		
information	n indicated on this annual report or s	upplemental annual report is the receiver or trustee empo	true and accu	irate and tha	d in Section 119 07(3)(i), Florida Statutes. I furth t my signature shall have the same legal effect rt as required by Chapter 617, Florida Statutes;	as if made und	der oath: that