


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90052 033 \*\*\*\*61.25

01/19/98

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721736**

1. Corporation Name  
**REALTORS ASSOCIATION OF CITRUS COUNTY, INC.**

Principal Place of Business 1619 W. GULF TO LAKE HWY LECANTO FL 32661	Mailing Address 1619 W. GULF TO LAKE HWY LECANTO FL 32661
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/21/1971	4. FEI Number 59-1743091	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				10. Name and Address of New Registered Agent			
STANTON, ERNA 1619 W. GULF TO LAKE HWY LECANTO FL 32661				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MC GEEHAN, KEVIN	1.1 TITLE	PD LINDA CRIDLAND
NAME	1100 S.E. HWY 19	1.2 NAME	425 CROFT AVENUE
STREET ADDRESS	CRYSTAL RIVER FL	1.3 STREET ADDRESS	INVERNESS, FL 34452
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D STOCKER, JANICE	2.1 TITLE	D JANICE STOCKER
NAME	8120 S. SUNCOAST BLVD.	2.2 NAME	155 DOUGLAS ST., STE. B.
STREET ADDRESS	HOMOSASSA FL	2.3 STREET ADDRESS	HOMOSASSA FL 34446
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D VARNADOE, STEVE	3.1 TITLE	
NAME	730 N SUNCOAST BLVD	3.2 NAME	
STREET ADDRESS	CRYSTAL RIVER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	J MOORE, ELAINE	4.1 TITLE	
NAME	11905 RIVERHAVEN DR	4.2 NAME	
STREET ADDRESS	HOMOSASSA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S STANTON, ERNA	5.1 TITLE	
NAME	1619 W GULF TO LAKE HWY	5.2 NAME	
STREET ADDRESS	LECANTO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PB SNELL, FREDERICK	6.1 TITLE	P FREDERICK SNELL
NAME	6210 W. CORPORATE OAKS DR.	6.2 NAME	6210 W. CORPORATE OAKS DR
STREET ADDRESS	CRYSTAL RIVER FL	6.3 STREET ADDRESS	CRYSTAL RIVER, FL 34429
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Erna Stanton* SIGNATURE REQUIRED: **Erna Stanton, Corp. Sec.** 1/13/99 352/746-7550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)