FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:54

DOCUMENT # 732171 (4)

1. Corporation Name

GREATER MARTIN COUNTY BOARD OF REALTORS, INC.

Principal Place of Business	Mailing Address
900 CENTRAL PARKWAY STUART FL 34994	900 CENTRAL PARKWAY STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1975
3a. Date of Last Report: 04/12/1994
4. FEI Number: 23-7438181 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MURPHY, MAUREEN
900 CENTRAL PKWY
STUART FL 34994

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 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE	V	☒ Change ☐ Addition
NAME	STEWART, ALAN B	1.2 NAME	STEWART, ALAN B.	
STREET ADDRESS	1596 S FEDERAL HWY	1.3 STREET ADDRESS	3601 SE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BOHNER, STEPHEN E.	2.2 NAME	BOHNER, STEPHEN E.	
STREET ADDRESS	2 SEWELL'S POINT RD.	2.3 STREET ADDRESS	2 N. SEWALL'S POINT RD.	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART FL 34996	
TITLE	STD	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	DAVINO, RALPH JR	3.2 NAME	CHAMBERLIN, JEFFREY D.	
STREET ADDRESS	10778 S FEDERAL HWY	3.3 STREET ADDRESS	416 FLAMINGO AVE.	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	STUART FL 34996	
TITLE	PE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	MORGAN, JAMES C	4.2 NAME	MORGAN, JAMES C.	
STREET ADDRESS	400 FLAMINGO AVE	4.3 STREET ADDRESS	400 FLAMINGO AVE.	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART FL 34996	
TITLE	D	5.1 TITLE	V	☐ Change ☒ Addition
NAME	BUSTEED, SHERRY L.	5.2 NAME	GEISINGER, JR., RICHARD	
STREET ADDRESS	1111 SO FEDERAL HWY	5.3 STREET ADDRESS	2363 E OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	STUART FL 34996	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PINKERTON, LYNN	6.2 NAME	PINKERTON, LYNN	
STREET ADDRESS	955 S FEDERAL HWY	6.3 STREET ADDRESS	2048 SE FEDERAL HWY.	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	STUART FL 34994	

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)(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.

SIGNATURE: Maureen Murphy Maureen Murphy 1-27-95 407 283 1748
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0070823