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

APPROVED AND FILED
95 APR 14 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740898** **(2)**

1. Corporation Name
OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
1105 SHADY LANE KISSIMMEE FL 34744 US	P.O. BOX 340517 PO BOX 450517 KISSIMMEE FL 34745-0517 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1977
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1806180 ☐ 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 — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

CUMBIE, FRED H., II
4305 NEPTUNE ROAD
ST. CLOUD FL 32769

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	VPD	11 TITLE	PD	☑ Change ☐ Addition
NAME	KRAUS, HAROLD	12 NAME	KRAUS, KATHERINE	
STREET ADDRESS	108 BROADWAY	13 STREET ADDRESS	521 W VINE STREET	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PD	21 TITLE	PED	☑ Change ☐ Addition
NAME	DIERICKX KAREN	22 NAME	KRAUS, HAROLD	
STREET ADDRESS	3335 13TH ST	23 STREET ADDRESS	521 W VINE STREET	
CITY-ST-ZIP	ST. CLOUD FL	24 CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	31 TITLE	VPD	☑ Change ☐ Addition
NAME	CHARTIER, JULIE	32 NAME	NICHOLS, WILLIAM C	
STREET ADDRESS	1515 N MICHIGAN AVE	33 STREET ADDRESS	931 W OAK STREET,STE 100	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	TD	41 TITLE	SD	☑ Change ☐ Addition
NAME	WILLIAMS, JOSEPHINE	42 NAME	MCGALLIARD, PATSY	
STREET ADDRESS	4032 13TH STREET	43 STREET ADDRESS	P.O.Box 420669	
CITY-ST-ZIP	ST. CLOUD FL	44 CITY-ST-ZIP	KISSIMMEE, FL 34742-0669	
TITLE	PED	51 TITLE	TD	☑ Change ☐ Addition
NAME	DRAUS, KATHERINE	52 NAME	IAQUINTO, FRANK	
STREET ADDRESS	108 BROADWAY	53 STREET ADDRESS	923 BERMUDA AVE	
CITY-ST-ZIP	KISSIMMEE FL	54 CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Harold Kraus 3/31/95 407-846-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #