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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740898

1. Corporation Name

OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.

138819 - 90203 - 37

Principal Place of Business

1105 SHADY LANE
 KISSIMMEE FL 34744
 US

Mailing Address

P.O. BOX 340517
 PO BOX 450517
 KISSIMMEE FL 34745-0517
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 1105 Shady Lane
 Suite, Apt. #, etc.

27 City & State

28 34744 US
 29 Zip Country

3. Date Incorporated or Qualified

11/23/1977

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

9. Name and Address of Current Registered Agent

CUMBIE, FRED H., II
 100 CHURCH STREET
 KISSIMMEE FL 34741

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 617.0592 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, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/26/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ST. GORDON, TIMOTHY	931 W OAK STREET, STE 100	KISSIMMEE FL 34741	<input type="checkbox"/>
PED	LEVINE, MICHAEL	5330 HAWK DR	KISSIMMEE FL 34746	<input type="checkbox"/>
VD	SULLIVAN, JAMES	423 E VINE ST	KISSIMMEE FL 34744	<input type="checkbox"/>
SD	PRESBY, JANICE	3335 13TH ST.	ST. CLOUD FL	<input type="checkbox"/>
TD	IAQUINTO, FRANK	923 BERMUDA AVE.	KISSIMMEE FL 34741	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Levine, Michael	5330 Hawk Drive	Kissimmee, FL 34746	<input type="checkbox"/>	<input type="checkbox"/>
PED	Sullivan, James	423 E. Vine Street	Kissimmee, FL 34744	<input type="checkbox"/>	<input type="checkbox"/>
VP	Grieb, Cheryl	850 Towne Center Drive	Kissimmee, FL 34759	<input type="checkbox"/>	<input type="checkbox"/>
TD	Nichols, William	931 W. Oak Street, Ste-100	Kissimmee, FL 34744	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Levine REQUIRED

Date

Daytime Phone #

02/04/99

CR2E037 (11/98)