2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# 740898

Entity Name: OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

1105 SHADY LANE
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1105 SHADY LN
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-1806180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASE, CATHY
1105 SHADY LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PED ( ) Delete
Name: VAN NEST, CLINTON
Address: 413 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: PD ( ) Delete
Name: GODWIN-DIETZ, KIM
Address: 931 WEST OAK STREET, SUITE 100
City-St-Zip: KISSIMMEE, FL 34741

Title: V ( ) Delete
Name: CLARK, RENEE
Address: 1345 SHAKERAG ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete
Name: LEVINE, MICHAEL
Address: 1100 US HWY 27, WOODRIDGE PLAZA STE E
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: O'REILLY, DONNA
Address: 4141 BALD EAGLE DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VAN NEST, CLINTON
Address: 413 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change ( ) Addition
Name: VARNER, LAURIE A
Address: 22 MONUMENT AVE, STE 1
City-St-Zip: KISSIMMEE, FL 34741

Title: PED (X) Change ( ) Addition
Name: CLARK, RENEE
Address: 1345 SHAKERAG ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINT VANNEST PD 02/16/2004

Electronic Signature of Signing Officer or Director Date