2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 27, 2008
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 LANE
KISSIMMEE, FL 34744 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BENNETT, DAVID B CEO
1105 SHADY LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

ANDREWS, HOPE
1105 SHADY LANE
KISSIMMEE, FL 34744 US

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: HOPE ANDREWS 08/27/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ANDREWS, HOPE	
Address:	1105 SHADY LANE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	PED	( ) Delete
Name:	FERGUSON, SEAN	
Address:	1105 SHADY LANE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	VP	( ) Delete
Name:	COLLINS, MARIE	
Address:	1105 SHADY LANE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	TD	( ) Delete
Name:	GARAY, MINETTA	
Address:	1105 SHADY LANE	
City-St-Zip:	KISSIMMEE,, FL 34744	
Title:	SD	( ) Delete
Name:	GOFFREDO, LEN	
Address:	1105 SHADY LANE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	CEO	(X) Delete
Name:	BENNETT, DAVID B	
Address:	1105 SHADY LANE	
City-St-Zip:	KISSIMMEE,, FL 34744	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, 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: HOPE ANDREWS PD 08/27/2008
Electronic Signature of Signing Officer or Director Date