

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 04, 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 ()****Name and Address of Current Registered Agent:**ANDREWS, HOPE
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:** 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:** () Delete
Name:
Address:
City-St-Zip:**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
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** AE () Change (X) Addition
Name: PEYTON, JERI
Address: 1105 SHADY LANE
City-St-Zip: KISSIMMEE, FL 34744

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

P

09/04/2008

Electronic Signature of Signing Officer or Director

Date