

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000291

FILED
Apr 20, 2009
Secretary of State

Entity Name: REALTOR ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

1450 SARNO ROAD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1450 SARNO ROAD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLIGAN, MARK A
1450 SARNO ROAD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

WINDERWEEDLE, JANICE C
1450 SARNO ROAD
MELBOURNE, FL 32935 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: JANICE C. WINDERWEEDLE

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLLINS, EUGENE J
Address: 2191 JULIAN DRIVE, NE, STE 1
City-St-Zip: PALM BAY, FL 32905

Title: P () Delete
Name: WILMARTH, ROBERT N
Address: 4120 MINTON ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D (X) Delete
Name: MURRAY, WENDY E
Address: 301 OCEAN AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T (X) Delete
Name: CRAIG, RAY
Address: 2057 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Delete
Name: CALLAND, GUDRUN I
Address: 1404 HIGHWAY A-1-A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Delete
Name: YOUNG, DALE C
Address: 1450 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCWILLIAMS, TIMOTHY F
Address: 1450 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: PE (X) Change () Addition
Name: SWANN, NONA L
Address: 1450 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

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: TIMOTHY F. MCWILLIAMS

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date