2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009256

FILED Apr 28, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA COMMERCIAL ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business: 3956 TOWN CENTER BLVD. 515 ORLANDO, FL 32837 **New Mailing Address: Current Mailing Address:** 3956 TOWN CENTER BLVD. ORLANDO, FL 32837 FEI Number: 03-0604128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOZZUTO, JACQUELINE 215 NORTH EOLA DRIVE ORLANDO, FL 32801 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CROSSMAN, JOHN LEVINE, MICHAEL, Name: Name: 3333 S. ORANGE AVENUE SUITE 202 Address: 1100 S. US HWY 27 SUITE E Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition CHAMP, HARRY W Name: Name: Address: 901 N LAKE DESTINY DRIVE STE 110 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: (X) Change () Addition GOODWIN-NICHOLS, LINDA TAYLOR, DAVID Name: Name: 931 W. OAK STREET SUITE 100 2 ARMAND BEACH DR. SUITE 2B Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: PALM COAST, FL 32137 Title: () Delete Title: D (X) Change () Addition Name: RALSTON, GARY M Name: MURPHY, DAVID 2200 LUCIEN WAY STE 150 189 S. ORANGE AVE. SUITE 1900 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32801 Title: (X) Delete Title: () Change () Addition TAYLOR, DAVID Name: Name: 2 ARMAND BEACH DR. SUITE 2B Address: Address: PALM COAST, FL 32137 City-St-Zip: 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: HARRY CHAMP DV 04/28/2008