2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009256

FILED Mar 22, 2009 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 LEVINE, MICHAEL, HARRY, CHAMP Name: Name: 1100 S. US HWY 27 SUITE E Address: 901 N. LAKE DESTINY DRIVE, STE 100 Address: MAITLAND, FL 32751 City-St-Zip: CLERMONT, FL 34711 City-St-Zip: (X) Change () Addition Title: () Delete Title: CHAMP, HARRY W Name: MURPHY, DAVID Name: Address: 901 N LAKE DESTINY DRIVE STE 110 Address: 189 S. ORANGE AVE. SUITE 1900 City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32801 Title: DV () Delete Title: (X) Change () Addition TAYLOR, DAVID STEVE, MOREIRA Name: Name: 2 ARMAND BEACH DR. SUITE 2B 280 S. RONALD REAGAN BLVD Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: (X) Change () Addition STEPHAN, NEVELEFF Name: MURPHY, DAVID Name: 189 S. ORANGE AVE. SUITE 1900 Address: Address: 251 MAITLAND AVE. #112 City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: () Change (X) Addition CHERE, ROANE Name: Name: 600 W. MICHIGAN STREET Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32805

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: MILDRED MERCED ACCT 03/22/2009