

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47557

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** OCALA/MARION COUNTY ASSOCIATION OF REALTORS, INC.

**Current Principal Place of Business:**

3105 N.E. 14 ST.  
OCALA, FL 32670

**New Principal Place of Business:**

**Current Mailing Address:**

3105 N.E. 14 ST.  
OCALA, FL 32670

**New Mailing Address:**

**FEI Number:** 59-6159045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIX, ANDREA  
3105 N.E. 14 ST.  
OCALA, FL 32670 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: D ( ) Delete  
Name: PLUNKETT, KATHLEEN  
Address: 1740 E SLVR SPRGS BLVD  
City-St-Zip: OCALA, FL 34470

Title: P ( ) Delete  
Name: MEADOWS, SEBERT  
Address: 8926 SW 27 AVE  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: BECK, BILL  
Address: 515 NE 25 AVE  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: OWEN, JAMES K  
Address: 2452 NE 3 ST  
City-St-Zip: OCALA, FL 34470

Title: P ( ) Delete  
Name: GRIDER, KAREN  
Address: 7555 SW HWY 200  
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete  
Name: VANWYCK, WILBUR  
Address: 11824 NW WILLIAMS ST  
City-St-Zip: DUNNELLON, FL 34432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: PLUNKETT, KATHLEEN  
Address: 1740 E SLVR SPRGS BLVD  
City-St-Zip: OCALA, FL 34470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: CASTELLANO, VICKI  
Address: 6175 SW 47 AVE  
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change ( ) Addition  
Name: BRYANT, KIM  
Address: 2226 E SLVR SPRGS BLVD  
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition  
Name: OWEN, JAMES K  
Address: 2452 NE 3 ST  
City-St-Zip: OCALA, FL 34470

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: ANDREA NIX

AE

02/04/2009

Electronic Signature of Signing Officer or Director

Date