2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N94000000227

Entity Name: THE FLORIDA GULF COAST COMMERCIAL ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3222190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSTROSKI, LOIS M
1215 N. DALE MABRY HWY
TAMPA, FL 33618

Name and Address of New Registered Agent:

KOSTROSKI, LOIS M
13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618

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: _____ 04/23/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KOSTROSKI, LOIS
Address: 4319 EHRLICH RD
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: ZEGOTA, BOB
Address: 3030 N ROCKY POINT RD #560
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: CRUMBLEY, ALLEN
Address: 4532 US HWY. 19 2ND FLOOR
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete
Name: WALTERS, ANN
Address: 330 BEACH DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KOSTROSKI, LOIS
Address: 13153 N. DALE MABRY HWY.,STE 105
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition
Name: KLEIN, MARK
Address: 2040 N.E. COACHMAN RD.
City-St-Zip: CLEARWATER, FL 33765

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 for the exemption stated in Section 119.07(3)(i), 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: ANN WALTERS D 04/23/2004
Electronic Signature of Signing Officer or Director — Date