

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000227

FILED  
Apr 25, 2008  
Secretary of State

**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  
13153 N. DALE MABRY HWY  
SUITE 105  
TAMPA, FL 33618 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: KOSTROSKI, LOIS M  
Address: 13153 N. DALE MABRY HWY.,STE 105  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: ROSS, ELLIOTT  
Address: 3001 EXECUTIVE DRIVE #250  
City-St-Zip: CLEARWATER, FL 33762

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: P (X) Change ( ) Addition  
Name: SHOTTS, GERALD  
Address: 129 2ND STREET N.  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: T ( ) Change (X) Addition  
Name: TUTTLE-BEISNER, HEIDI  
Address: 2527 SEVEN SPRINGS BLVD  
City-St-Zip: TRINITY, FL 34655

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: LOIS M. KOSTROSKI

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date