

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715187

**Entity Name:** SPACE COAST ASSOCIATION OF REALTORS, INC.**Current Principal Place of Business:**2950 PINEDA PLAZA WAY  
PALM SHORES , FL 32940**Current Mailing Address:**2950 PINEDA PLAZA WAY  
PALM SHORES , FL 32940 US**FEI Number:** 23-1250368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SELIG, LEAH M  
2950 PINEDA PLAZA WAY  
PALM SHORES , FL 32940 US*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

**Officer/Director Detail :**

Title DIRECTOR  
Name WEEKS , PATRICIA  
Address 30 N. BREVARD AVENUE  
City-State-Zip: COCOA BEACH FL 32931

Title TREASURER  
Name RAMAGE , KERRY  
Address 6022 FARCENDA PLACE  
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY  
Name CRISAFULLI , TAMARA  
Address 2235 N. COURTENAY PKWY.  
City-State-Zip: MERRITT ISLAND FL 32953

Title VP  
Name BARTLETT , NANCY  
Address 1936 FREEDOM DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title CEO  
Name SELIG, LEAH  
Address 2950 PINEDA PLAZA WAY  
City-State-Zip: PALM SHORES FL 32940

Title PRESIDENT  
Name BRITTON , JIM  
Address 476 HWY A1A SUITE 3B  
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR  
Name RIBAK , MITCH  
Address 21 RIVERSIDE DR.  
A  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name MELLE , RUSTY  
Address 1455 S. WICKHAM ROAD  
City-State-Zip: WEST MELBOURNE FL 32904

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LEAH M. SELIG

CEO

02/17/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TURNER , ROBIN  
Address 30 N. BREVARD AVENUE  
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR  
Name CAPELLAN , OMAR  
Address 720 MULLET DRIVE  
UNIT N-327  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name HUDSON-FRANTZIS, TRACY  
Address 569 SYLVIA RD.  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR  
Name TIDWELL , DONNA  
Address 1264 US HWY 1  
UNIT 101  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name ARTELLI , MICHAEL  
Address 2235 N. COURTENAY PARKWAY  
UNIT A  
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR  
Name ROMANO , STEPHEN  
Address 1 S. ORLANDO AVE  
City-State-Zip: COCOA BEACH FL 32931