

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715187

Entity Name: SPACE COAST ASSOCIATION OF REALTORS, INC.**Current Principal Place of Business:**105 MCLEOD STREET
MERRITT ISLAND, FL 32953**Current Mailing Address:**105 MCLEOD STREET
MERRITT ISLAND, FL 32953**FEI Number:** 23-1250368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SELIG, LEAH M
105 MCLEOD ST
MERRITT ISLAND, FL 32953 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 SECRETARY
Name BUCCI, JASON
Address 5120 N. HIGHWAY US 1, SUITE 102
City-State-Zip: MELBOURNE FL 32940

Title PRESIDENT
Name HENDRICKS, LYNNETTE
Address 400 E. MERRITT ISLAND AVE SUITE A
City-State-Zip: MERRITT ISLAND FL 32953

Title CEO
Name SELIG, LEAH
Address 5910 RIVERSIDE DR.
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name BASILE, DENNIS
Address 444 S. BABCOCK STREET
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name WHELPLEY, LYNN
Address 111 ENTERPRISE AVE. #3
City-State-Zip: PALM BAY FL 32909

Title TREASURER
Name ARTELLI, MICHAEL
Address 2235 N. COURTENAY PKWY
City-State-Zip: MERRITT ISLAND FL 32935

Title VP
Name JONES, LYNN
Address 101 S. COURTENAY PKWY
City-State-Zip: MERRITT ISLAND FL 32953

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 SELIG

CEO

01/22/2016

Electronic Signature of Signing Officer/Director Detail_____
Date