

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000046840

**Entity Name:** MY FLORIDA REGIONAL MLS, INC.**Current Principal Place of Business:**247 MAITLAND AVENUE  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**247 MAITLAND AVENUE  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 59-3327537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERKSON, GARY M  
301 E. PINE STREET SUITE 1400  
ORLANDO, FL 32801 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	CEO, SECRETARY	Title	COO
Name	COWEN, MERRI JO	Name	FAIRLEY, SHAYNE
Address	247 MAITLAND AVENUE SUITE 2000	Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	PRESIDENT	Title	TREASURER
Name	FAGAN, JEFF	Name	LUTZ, DON
Address	247 MAITLAND AVENUE SUITE 2000	Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	VP	Title	CFO
Name	JOHNSON, JOE	Name	SCHAFER, MARK
Address	247 MAITLAND AVENUE SUITE 2000	Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MERRI JO COWEN****CEO****02/20/2025**

Electronic Signature of Signing Officer/Director Detail

Date