

2018 FLORIDA PROFIT CORPORATION AMENDED 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	PRES
Name	MONROE, BRAD
Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	CEO
Name	COWEN, MERRI JO
Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	COO
Name	FAIRLEY, SHAYNE
Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	PRESIDENT ELECT
Name	MCGRAW, MIKE
Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	ROVILLO, MINDY
Address	247 MAITLAND AVENUE SUITE 2000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	TREASURER
Name	SEEK, AMY
Address	247 MAITLAND AVENUE SUITE 2000
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

08/21/2018

Electronic Signature of Signing Officer/Director Detail_____
Date