

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning **and ending**

B	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization SPACE COAST ASSOCIATION OF REALTORS, INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 MCLEOD STREET City or town, state or country, and ZIP + 4 MERRITT ISLAND, FL 32953	D Employer identification number 23-1250368 E Telephone number (321) 452-9490 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: **N/A**
H(c) Are all affiliates included? Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **HTTP://SPACE321.COM**

J Organization type (check only one) 501(c) (**6**) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

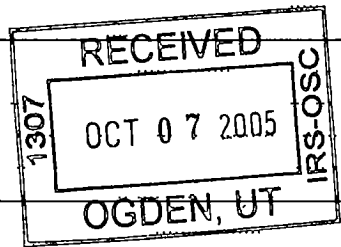
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,035,052.**

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	8,960.
	3 Membership dues and assessments	3	883,889.
	4 Interest on savings and temporary cash investments	4	4,436.
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe _____)	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	
	(B) Other	8b	
	c Gain or (loss) (attach schedule)	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10 a Gross sales of inventory, less returns and allowances	b Less: cost of goods sold	10a	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11	137,767.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,035,052.	
Expenses	13 Program services (from line 44, column (B))	13	627,167.
	14 Management and general (from line 44, column (C))	14	134,644.
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	761,811.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	273,241.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	642,384.
	20 Other changes in net assets or fund balances (attach explanation)	20	0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	915,625.



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Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	81,178.	64,942.	16,236.
26	Other salaries and wages	26	138,763.	111,010.	27,753.
27	Pension plan contributions	27	10,323.	8,258.	2,065.
28	Other employee benefits	28			
29	Payroll taxes	29	17,345.	13,876.	3,469.
30	Professional fundraising fees	30			
31	Accounting fees	31	20,661.		20,661.
32	Legal fees	32	7,294.	7,294.	
33	Supplies	33	33,494.	33,494.	
34	Telephone	34	10,105.	8,084.	2,021.
35	Postage and shipping	35			
36	Occupancy	36	6,730.	5,384.	1,346.
37	Equipment rental and maintenance	37	2,381.		2,381.
38	Printing and publications	38			
39	Travel	39	25,417.	22,875.	2,542.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	17,084.	13,668.	3,416.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	391,036.	338,282.	52,754.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	761,811.	627,167.	134,644.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? REAL ESTATE BOARD	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a PROVIDE COMMUNICATION, CONTINUING EDUCATION, SUPPLIES, MULTIPLE LISTING SERVICES AND MATERIALS, AND RELATED SERVICES TO CENTRAL AND NORTH BREVARD COUNTY REALTORS # BENEFITTED = APPROX 1,396 (Grants and allocations \$ _____)	627,167.
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	627,167.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	376,810.	45	195,622.
	46 Savings and temporary cash investments	434,541.	46	573,585.
	47 a Accounts receivable	47a 453.		
	b Less: allowance for doubtful accounts	47b	613.	47c 453.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	17,494.	52	22,829.
	53 Prepaid expenses and deferred charges	45,584.	53	54,010.
	54 Investments - securities	STMT 3 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54 190,000.
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 336,921.			
b Less: accumulated depreciation	57b 166,945.	163,260.	57c 169,976.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 2)		4,283.	58 17,336.	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,042,585.	59 1,223,811.	
Liabilities	60 Accounts payable and accrued expenses	17,965.	60	48,248.
	61 Grants payable		61	
	62 Deferred revenue	382,236.	62	259,938.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)		400,201.	66 308,186.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	632,384.	67	915,625.
	68 Temporarily restricted	10,000.	68	0.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		642,384.	73 915,625.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,042,585.	74 1,223,811.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		a	1,035,052.
b Amounts included on line a but not on line 12, Form 990:			
(1) Net unrealized gains on investments	\$ _____		
(2) Donated services and use of facilities	\$ _____		
(3) Recoveries of prior year grants	\$ _____		
(4) Other (specify):	\$ _____		
Add amounts on lines (1) through (4)		b	0.
c Line a minus line b		c	1,035,052.
d Amounts included on line 12, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990	\$ _____		
(2) Other (specify):	\$ _____		
Add amounts on lines (1) and (2)		d	0.
e Total revenue per line 12, Form 990 (line c plus line d)		e	1,035,052.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		a	761,811.
a Total expenses and losses per audited financial statements			
b Amounts included on line a but not on line 17, Form 990:			
(1) Donated services and use of facilities	\$ _____		
(2) Prior year adjustments reported on line 20, Form 990	\$ _____		
(3) Losses reported on line 20, Form 990	\$ _____		
(4) Other (specify):	\$ _____		
Add amounts on lines (1) through (4)		b	0.
c Line a minus line b		c	761,811.
d Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990	\$ _____		
(2) Other (specify):	\$ _____		
Add amounts on lines (1) and (2)		d	0.
e Total expenses per line 17, Form 990 (line c plus line d)		e	761,811.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4		81,178.	10,653.	1,200.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <input type="checkbox"/> 81a <input type="checkbox"/> 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <input type="checkbox"/> 82b <input type="checkbox"/> 200,869.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members <input type="checkbox"/> 85c <input type="checkbox"/> 883,889.		
d	Section 162(e) lobbying and political expenditures <input type="checkbox"/> 85d <input type="checkbox"/> 0.		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="checkbox"/> 85e <input type="checkbox"/> 0.		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <input type="checkbox"/> 85f <input type="checkbox"/> 0.		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <input type="checkbox"/> 86a <input type="checkbox"/> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <input type="checkbox"/> 86b <input type="checkbox"/> N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <input type="checkbox"/> 87a <input type="checkbox"/> N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="checkbox"/> 87b <input type="checkbox"/> N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A; section 4912 <input type="checkbox"/> N/A; section 4955 <input type="checkbox"/> N/A		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction N/A	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> N/A		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 2004 <input type="checkbox"/> 90b <input type="checkbox"/> 7		
91	The books are in care of <input type="checkbox"/> LEAH SELIG Telephone no. <input type="checkbox"/> 321-452-9490		

Located at 105 MCLEOD STREET, MERRITT ISLAND, FL ZIP + 4 32953

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PHOTOGRAPHY FEES	531390	8,960.			
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	531390	503,275.			380,614.
95 Interest on savings and temporary cash investments			14	4,436.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SUPPLIES	531390	50,182.			
b MISCELLANEOUS	531390	4,920.			39,237.
c LATE FEES	531390				22,897.
d ROYALTY FEES	531390	20,531.			
e _____					
104 Subtotal (add columns (B), (D), and (E))		587,868.		4,436.	442,748.
105 Total (add line 104, columns (B), (D), and (E))					1,035,052.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 5

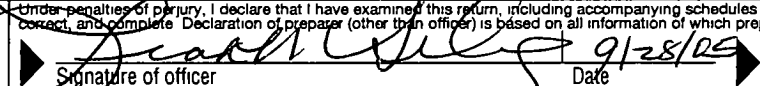
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

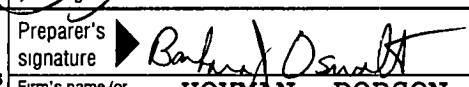
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  9/28/05 Leah M. Selig, EVP
Signature of officer Date Type or print name and title.

Paid Preparer's Use Only: Preparer's signature:  Date: 9/28/05 Check if self-employed: Preparer's SSN or PTIN: P00124238
Firm's name (or yours if self-employed), address, and ZIP + 4: HOYMAN, DOBSON & COMPANY, P.A., 215 BAYTREE DRIVE, SUITE 1, MELBOURNE, FL 32940
EIN: 59-2369629
Phone no.: 321-255-0088

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	5,073.	5,073.		
AMORTIZATION	3,746.	0.	3,746.	
COMMITTEES	9,848.	9,848.		
IMAPP FEES	18,182.	18,182.		
INSURANCE	31,550.	25,240.	6,310.	
MEMBER SERVICES	31,397.	27,552.	3,845.	
MISCELLANEOUS	35,729.	35,729.		
MLS ACCESS FEES	175,088.	175,088.		
MLS BOOK CHARGES	0.			
NEWSLETTER	4,322.	4,322.		
OFFICE EXPENSE	43,655.	34,924.	8,731.	
TAXES	7,793.		7,793.	
PHOTOGRAPHY	2,324.	2,324.		
REPAIRS & MAINTENANCE	21,583.		21,583.	
SECURITY SYSTEM	318.		318.	
SUBSCRIPTIONS & DUES	428.		428.	
TOTAL TO FM 990, LN 43	391,036.	338,282.	52,754.	

FORM 990

OTHER ASSETS

STATEMENT 2

DESCRIPTION	AMOUNT
SOFTWARE	58,145.
ACCUMULATED AMORTIZATION-SOFTWARE	<40,986.>
DEPOSITS - OTHER	100.
DEPOSITS - UTILITIES	77.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	17,336.

FORM 990 OTHER SECURITIES STATEMENT 3

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CERTIFICATES OF DEPOSIT	COST	190,000.
TO FORM 990, LINE 54, COL B		190,000.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LISA DURGIN 1775 N. ATLANTIC AVE. COCOA BEACH, FL 32931	DIRECTOR 1.5	0.	0.	0.
SHIRLEY SOLOMON 2222 S. WASHINGTON AVE. TITUSVILLE, FL 32780	IMMEDIATE PAST PRESIDENT 1.5	0.	0.	0.
LANCE VANDEBERG 2235 N COURTENAY PKWY MERRITT ISLAND, FL 32953	DIRECTOR 1.5	0.	0.	0.
LEAH M. SELIG 105 MCLEOD ST MERRITT ISLAND, FL 32953	EXECUTIVE DIRECTOR 37.5	81,178.	10,653.	1,200.
DENNY BYRD 2222 S. WASHINGTON AVE. TITUSVILLE, FL 32780	DIRECTOR 1.5	0.	0.	0.
PATRICIA SUIT 1775 N. ATLANTIC AVE. COCOA BEACH, FL 32931	DIRECTOR 1.5	0.	0.	0.
AL ELEBASH JR. 200 WILLARD ST. 2B COCOA, FL 32922	DIRECTOR 1.5	0.	0.	0.
KATHERINE STARKEY 1325 N. ATLANTIC AVE. SUITE 1 COCOA BEACH, FL 32931	PRESIDENT 1.5	0.	0.	0.

BARBER 380 S. COURTENAY PKWY MERRITT ISLAND, FL 32952	DIRECTOR 1.5	0.	0.	0.
SUSAN DALEY 696 MILLWHEEL DRIVE MERRITT ISLAND, FL 32953	SECRETARY 1.5	0.	0.	0.
CYNTHIA KELLEY 454 WATTS WAY COCOA BEACH, FL 32931	DIRECTOR 1.5	0.	0.	0.
DONALD MOODY 779 E MERRITT ISLAND CAUSEWAY #545 MERRITT ISLAND, FL 32952	DIRECTOR 1.5	0.	0.	0.
STEVE ROMANO 1 S. ORLANDO AVE. COCOA BEACH, FL 32931	PRESIDENT ELECT 1.5	0.	0.	0.
JEAN STARKEY P.O. BOX 540505 MERRITT ISLAND, FL 32954	TREASURER 1.5	0.	0.	0.
MICHAEL HEACOCK 4345 N. INDIAN RIVER DR. COCOA, FL 32927	DIRECTOR 1.5	0.	0.	0.
THOMAS TAYLOR 2820 SAINT CHARLES CT. TITUSVILLE, FL 32780	DIRECTOR 1.5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		81,178.	10,653.	1,200.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 5

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
94	MEMBERSHIP DUES ARE FROM MEMBERS WHO ARE INTERESTED IN IMPROVING THEIR KNOWLEDGE OF THE REAL ESTATE BUSINESS AND WORKING TOWARDS PROVIDING THE CONSUMER WITH AN ORDERLY, EFFICIENT, AND LARGE MARKET TO DEAL IN.
103B	MISCELLANEOUS CHARGES ARE COLLECTED FOR OTHER SERVICES WHICH REALTORS USE WHILE CONDUCTING ACTIVITIES IN THE BOARD OFFICE.
103C	FINES ARE LEVIED TO ENFORCE TIMELY PAYMENT OF DUES AND ENSURE UNIFORMITY AND FAIRNESS TO ALL MEMBERS.