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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708888 (3)  
1. Corporation Name  
**NORTHEAST PALM BEACH COUNTY ASSOCIATION OF REALTORS  
REALTORS ASSOCIATION OF THE  
PALM BEACHES, INC.**

Principal Place of Business Mailing Address  
3579 NORTHLAKE BOULEVARD LAKE PARK FL 33403-1625  
3579 NORTHLAKE BOULEVARD LAKE PARK FL 33403-1625

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 05/04/1965  
3a. Date of Last Report 03/16/1994

2. Principal Place of Business 2a. Mailing Address  
21 26

Suite, Apt. #, etc. 27

City & State 28

Zip Country 25 29 30

4. FEI Number 59-0424373 Applied For Not Applicable

5. Certificate of Status Desired  \$3.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MILLER, SHIRLEY  
3579 NORTHLAKE BLVD.  
PALM BCH GARDENS FL**

10. Name and Address of New Registered Agent  
81 Name BRANTON, JANET  
82 Street Address (P.O. Box Number is Not Acceptable) 3579 NORTHLAKE BLVD.  
83  
84 City PALM BEACH GARDENS FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JANET BRANTON, EVP** *Janet Branton* *3/24/95*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	<del>MILLER, SHIRLEY</del>
STREET ADDRESS	3579 NORTHLAKE BLVD
CITY - ST - ZIP	PALM BCH GRDNS, FL 00000
TITLE	D
NAME	FISCHER, DAVID
STREET ADDRESS	4400 PGA BLVD.
CITY - ST - ZIP	PALM BCH. GARDENS FL
TITLE	S
NAME	<del>VOSS, RICHARD</del>
STREET ADDRESS	<del>11811 U.S. HWY. 1</del>
CITY - ST - ZIP	<del>N. PALM BCH. FL</del>
TITLE	D
NAME	<del>VOSS, RICHARD</del>
STREET ADDRESS	<del>11811 PLAZA CIRCLE</del>
CITY - ST - ZIP	<del>SINGER ISLAND FL</del>
TITLE	P
NAME	<del>MERRITT, PATRICIA</del>
STREET ADDRESS	<del>11811 U.S. HWY. 1</del>
CITY - ST - ZIP	<del>NORTH PALM BEACH FL</del>
TITLE	V
NAME	<del>VOSS, RICHARD</del>
STREET ADDRESS	<del>11811 PLAZA CIRCLE</del>
CITY - ST - ZIP	<del>SINGER ISLAND FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<del>VP</del> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRANTON, JANET
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	300001448613
2.4 CITY - ST - ZIP	-04/06/95--01008--022 ****130.00 ****130.00
3.1 TITLE	<del>VP</del> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAGG, DONNA
3.3 STREET ADDRESS	3111 45th STREET #4
3.4 CITY - ST - ZIP	WEST PALM BEACH, FL. 33407
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VOSS, RICHARD
4.3 STREET ADDRESS	11811 U.S. HWY. 1
4.4 CITY - ST - ZIP	N. PALM BEACH, FL. 33408
5.1 TITLE	<del>VP</del> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMITH, CATHLEEN
5.3 STREET ADDRESS	11924 W. FOREST HILL BLVD. #18
5.4 CITY - ST - ZIP	WEST PALM BEACH, FL. 33414
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TIS 4/3/95
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Realtors Assoc of the Palm Beaches, Inc*  
*by Janet Branton, EVP* JANET BRANTON  407-627-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Printed Name)