


FILED
Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708888

7. Corporation Name
REALTORS ASSOCIATION OF THE PALM BEACHES, INC.

3 8 1 6 9 *
 301819-90080-13

Principal Place of Business 701 N POINT PKWY STE 110 W PALM BEACH FL 33407 US	Mailing Address 701 NPOINT PKWY STE 110 W PALM BEACH FL 33407 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/04/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1237171
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BRANTON, JANET 701 NORTHPOINT PKWY SUITE 110 WEST PALM BCH FL 33407	10. Name and Address of New Registered Agent 81 Name ROBERT E. GOLDEN 82 Street Address (P.O. Box Number is Not Acceptable) 701 NORTHPOINT PKWY, STE 110 83 84 City WEST PALM BEACH FL 85 Zip Code 33407
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.
 SIGNATURE: *[Signature]* DATE: 2/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRANTON, JANET		1.2 NAME ROBERT E. GOLDEN	
STREET ADDRESS 701 NORTHPOINT PKWY, STE 110		1.3 STREET ADDRESS 701 NORTHPOINT PKWY, STE 110	
CITY-ST-ZIP WEST PALM BCH FL		1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUBECK, CHIP		2.2 NAME ANDREW BARBAR	
STREET ADDRESS 1250 E BLUE HERON		2.3 STREET ADDRESS 150 E PALMETTO PARK ROAD, #525	
CITY-ST-ZIP SINGER ISLAND FL 33404		2.4 CITY-ST-ZIP BUDA RTON, FL 33432	
TITLE P E	<input type="checkbox"/> DELETE	3.1 TITLE PID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISHER, DAVID		3.2 NAME FISHER, DAVID	
STREET ADDRESS 4400 PGS BLVD., #303		3.3 STREET ADDRESS 4400 PGA BLVD., #303	
CITY-ST-ZIP PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP PALM BEACH GARDENS FL	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORINE, DAVID		4.2 NAME DAVID HORINE	
STREET ADDRESS 4400 PGA BLVD., #303		4.3 STREET ADDRESS 4400 PGA BLVD, #303	
CITY-ST-ZIP PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP PALM BEACH GARDENS, FL	
TITLE P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POTTER, MARJORIE		5.2 NAME	
STREET ADDRESS 3111 45TH ST #3		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEONE, JOANNE		6.2 NAME AL DOHERTY	
STREET ADDRESS 11811 US HWY ONE #104		6.3 STREET ADDRESS 3537 W. BOYNTON BEACH BLVD.	
CITY-ST-ZIP N PALM BEACH FL 33408		6.4 CITY-ST-ZIP BOYNTON BEACH FL 33436	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/17/99

CR2E037 (11/98)