**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719352 (7)

1. Corporation Name
**FORT MYERS ASSOCIATION OF REALTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2840 WINKLER AVENUE<br>FT MYERS FL 33916 | 2840 WINKLER AVENUE<br>FT MYERS FL 33916 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1970
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0787936 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** 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

RILEY, BETTE K.
2840 WINKLER AVENUE
FT. MYERS. FL 33916

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~TD~~ | 1.1 TITLE | *S* | ☐ Change ☒ Addition |
| NAME | ~~VAN DYKE, WALLY~~ | 1.2 NAME | *SANDE ELLIS* | |
| STREET ADDRESS | ~~11900 FAIRWAY LAKES DR~~ | 1.3 STREET ADDRESS | *8841 COLLEGE PWKY., STE. 107* | |
| CITY-ST-ZIP | ~~FT. MYERS FL~~ | 1.4 CITY-ST-ZIP | *FORT MYERS, FLORIDA 33919* | |
| TITLE | PD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ASP, MARSHA | 2.2 NAME | | |
| STREET ADDRESS | 13831 VECTOR AVE, #105 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | ~~VD~~ | 3.1 TITLE | *PD(ELECT)* | ☐ Change ☒ Addition |
| NAME | ~~O'SULLIVAN, NEIL~~ | 3.2 NAME | *BARI FISCHER* | |
| STREET ADDRESS | ~~811 HOMESTEAD~~ | 3.3 STREET ADDRESS | *1456 PERIWINKLE WAY* | |
| CITY-ST-ZIP | ~~LEHIGH ACRES FL~~ | 3.4 CITY-ST-ZIP | *SANIBEL, FLORIDA 33957* | |
| TITLE | ~~PD~~ | 4.1 TITLE | *V* | ☒ Change ☐ Addition |
| NAME | COHAN, BRAD | 4.2 NAME | | |
| STREET ADDRESS | 2223 MCGREGOR BLVD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL 33907 | 4.4 CITY-ST-ZIP | | |
| TITLE | ~~S~~ | 5.1 TITLE | *TD* | ☒ Change ☐ Addition |
| NAME | BEAVER, RANDALL | 5.2 NAME | | |
| STREET ADDRESS | 1705 COLONIAL BLVD, #A1 | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | 5.4 CITY-ST-ZIP | | |
| TITLE | EO | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RILEY, BETTE K. | 6.2 NAME | | |
| STREET ADDRESS | 2840 WINKLER AVE | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | 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 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 on an attachment with an address.

**SIGNATURE:** Bette K. Riley — April 20, 1995 — 936-3537
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

000M40