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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750878

1. Corporation Name

**MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION,
INC.**

Principal Place of Business

**2050 CORAL WAY #200
MIAMI FL 33145**

Mailing Address

**2050 CORAL WAY #200
MIAMI FL 33145**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/31/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2090044

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINNEY, TERESA KING
2050 CORAL WAY
MIAMI FL 33145**

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 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, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROSEN, KENNETH D**
STREET ADDRESS **1550 MADRUGA AVE**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition
Valledor, Deborah
1450 Coral Way
Miami, Fla.

TITLE **SD** ☐ DELETE
NAME **HOGAN, NANCY B.**
STREET ADDRESS **1500 SAN REMO AVE., #110**
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **VALLEDOR, DEBORAH**
STREET ADDRESS **1450 CORAL WAY**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VP ☒ Change ☐ Addition
Byrne, Thomas E.
6150 SW 76 St.
South Miami, Fla.

TITLE **TD** ☐ DELETE
NAME **GOLDSTEIN, SANDRA**
STREET ADDRESS **240 CRANDON BLVD.**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition
Hogan, Nancy B.
1500 San Remo Ave. #110
Coral Gables, Fla.

TITLE **M** ☐ DELETE
NAME **KINNEY KING, TERESA**
STREET ADDRESS **2050 CORAL WAY #200**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-99 305 854 2050

CR2E037 (11/98)

0031417

REALTOR ASSOCIATION OF GREATER MIAMI AND THE BEACHES

RAMB's Moving...

750878
596153-90009

EFFECTIVE AUGUST 2nd OUR NEW ADDRESS IS:

700 SOUTH ROYAL POINCIANA BLVD. SUITE #400

MIAMI, FLORIDA 33166

PHONE: 305-468-7000

FAX: 305-468-7070 or

305-468-7030

WWW.MIAMI-REALTORS.COM

