

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001861

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** SOUTH FLORIDA BOARD OF REALTISTS, INC.

**Current Principal Place of Business:**

610 NW 183RD ST  
SUITE 206  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

610 NW 183RD ST  
SUITE 206  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

324 S UNIVERSITY DRIVE  
PLANTATION, FL 33324

**FEI Number:** 65-0244264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLENNON, SHARON A  
610 NW 183RD ST SUITE 206  
MIAMI GARDENS, FL 33169 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FELTON, DANNY  
Address: 610 NW 183RD ST  
City-St-Zip: MIAMI, FL 33169

Title: TD  
Name: MCLENNON, SHARON  
Address: 324 S UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33324

Title: S  
Name: HIBBERT, CLAUDIENNE  
Address: 610 NW 183RD ST SUITE 206  
City-St-Zip: MIAMI, FL 33169

Title: D  
Name: SWAN, ALISHA  
Address: 610 NW 183RD ST SUITE 206  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON MCLENNON

TD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date