FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

(9)

Mailing Address

REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE C HABITABLE FOUNDATION, INC.

C/O DANIEL H LINDBLADE CAE C/O DANIEL H LINDBLA			E CAE		Date Incorporated or Qualified			
1765 N.E. 26TH STREET		1765 N.E. 26TH STREET						
FORT LAUDERDALE FL 33305		FORT LAUDERDALE FL 33305			08/17/1987 4. FEI Number	Amelia d Fac		
US		US				Applied For Not Applicable		
2. Principal F	lace of Business	2a. Mailing Address			65-0003512			
21		26				5 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Required		
22		27			, , , , , , , , , , , , , , , , , , ,	0 May Be d to Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?			
23		⊢ '	28			Yes X No		
Zip	The state of the s		Countr	v	8. This corporation owes or has paid the current year	Intoneille		
24	25		30		Personal Property Tax due June 30. Yes X No			
	9. Name and Address of Current		~ <u>,</u>		10. Name and Address of New Registered Agent	<u> </u>		
			81	Name				
LINDBLADE, DANIEL H CAE								
	•		82 Street Add		ddress (P.O. Box Number Is Not Acceptable)			
1765 NE 26TH ST FT LAUDERDALE FL 33305			83	83				
I I Diot	DENDALL I L 30303							
			84	City	FL 85 Z	ip Code		
11. Pursuant	to the provisions of Sections 617 050	23hd 617 1508 Florida Statutes	the above	e-named		a ite registered		
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 (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of changing its registered agent. I am (am) the provision of the purpose of the purpose of changing its registered agent. I am (am) the provision of the purpose of the purp								
SIGNATURE,	Signature, typed or printed name for registeres age	ot and title if applicable (NOTE:	UAN	TEL. I	H. LINDBLADE, CAE JANUARY 19, 19) 98		
12.	CFEICERS AND		13.	erit algitatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12		
TITLE	Р	DELETE	1.1 TITLE		Chang	· · · · · · · · · · · · · · · · · · ·		
NAME	CLAUDETTE BRUCK		1.2 NAME			_		
STREET ADDRESS	6610 N UNIV DR. STE 200		1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TOTLE		KA Chang	e Addition		
NAME	JAMES NALL		2.2 NAME		- Siding	, <u></u>		
STREET ADDRESS	716 NE 25 WAY		2.3 STREET ADDRESS		4611 NE 25 AVE			
	FT. LAUDERDALE FL				FT LAUDERMALE, FL 33308			
CITY-ST-ZIP TITLE	VP	□ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		EI LAODERDALE, FL 55500	e Addition		
NAME	ANDERSON, MYRTLE T	bear	3.2 NAME		4 <u>3-6</u> 3 Glady	: L_! Addition		
					901 SE 17 ST., #206			
STREET ADDRESS	1635 S MIAMI RD #1		3.3 STREET ADDRESS			İ		
CITY - ST - ZIP	FT LAUDERDALE FL	DELETE	3.4. CITY-ST-ZIP		FT LAUDERDALE FL 33316			
TITLE	ST COSEDIA DAMILA DA DO	[DELETE	4.1 TITLE		L Change	e L Addition		
NAME	JOSEPH R MILLSAPS		4, 2 NAME					
STREET ADDRESS	871 E COMMERCIAL BLVD		4.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP					
TITLE	D	DELETE	5.1 TITLE			e 🔲 Addition		
NAME	BALISTRERI		5.2 NAME		BALISTRERI, JAMES M.			
STREET ADDRESS	1350 N FEDERAL HIGHWAY		5.3 STREET ADDR					
CITY-ST-ZIP	LIGHTHOUSE POINT FL		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		Change	e 🔲 Addition		
NAME			6.2 NAME					

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 coreofation 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 orenged, or on an attachment with an address.

CITY-ST-ZIP

1/19/98

(954) 722-0020

FILED

Feb 04 1998 8:00am

Secretary of State