

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743325

**Entity Name:** CHIPOLA AREA BOARD OF REALTORS, INC.**Current Principal Place of Business:**4277 LAFAYETTE ST.  
MARIANNA, FL 32446**Current Mailing Address:**PO BOX 238  
MARIANNA, FL 32447 US**FEI Number:** 59-2147602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSON, CHANDRA  
4277 LAFAYETTE ST  
MARIANNA, FL 32446 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	FURR, PATRICIA
Address	4630 HIGHWAY 90
City-State-Zip:	MARIANNA FL 32446

Title	PAST PRESIDENT
Name	HARRISON, CRESHULL
Address	P O BOX 728
City-State-Zip:	MARIANNA FL 32447

Title	TREASURER
Name	MILTON, KATHY
Address	4235B LAFAYETTE STREET
City-State-Zip:	MARIANNA FL 32446

Title	PRESIDENT-ELECT
Name	LYONS, LAUREN
Address	4235B LAFAYETTE STREET
City-State-Zip:	MARIANNA FL 32446

Title	DIRECTOR
Name	BORGES, STACY
Address	5035 U.S. HWY 90
City-State-Zip:	MARIANNA FL 32446

Title	CEO
Name	HANSON, CHANDRA
Address	4277 LAFAYETTE ST
City-State-Zip:	MARIANNA FL 32446

*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:** CHANDRA HANSON**ASSOCIATION  
EXECUTIVE****03/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date