

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 9:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 704755 (8)
1. Corporation Name
ENGLEWOOD AREA BOARD OF REALTORS, INC.

Principal Place of Business Mailing Address
3952 MCCALL ROAD 3952 MCCALL ROAD
ENGLEWOOD FL 34224 ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1962** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1688788** Applied For ☐
Not Applicable ☐

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEHEAD, C. S
2210 SOUTH TAMiami TRAIL, SUITE 6
VENICE FL 34293

81 Name **Mike Gunderson**
82 Street Address (P.O. Box Number is Not Acceptable) **1861 Placida Road**
83
84 City **Grove City** FL 85 Zip Code **34224**

11. Pursuant to the provisions of Sections 607.0507 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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KATHY BECK**
STREET ADDRESS **3952 MCCALL RD**
CITY - ST - ZIP **ENGLEWOOD FL**

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

TITLE **T**
NAME **KATHY DAMEWOOD**
STREET ADDRESS **3952 MCCALL RD**
CITY - ST - ZIP **ENGLEWOOD FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **T JAN UPDEGRAFF**
2.3 STREET ADDRESS **3952 MCCALL RD**
2.4 CITY - ST - ZIP **ENGLEWOOD FL 34334**

TITLE **P**
NAME **KEN BAUMHARDT**
STREET ADDRESS **3952 MCCALL RD.**
CITY - ST - ZIP **ENGLEWOOD FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **P E.M. PENGELLY**
3.3 STREET ADDRESS **3952 MCCALL RD**
3.4 CITY - ST - ZIP **ENGLEWOOD FL 34224**

TITLE **S**
NAME **JARVIS, CAROLYN**
STREET ADDRESS **3952 MCCALL ROAD**
CITY - ST - ZIP **ENGLEWOOD, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **S GLENDA OATHOUT**
4.3 STREET ADDRESS **3952 MCCALL RD**
4.4 CITY - ST - ZIP **ENGLEWOOD FL 34224**

TITLE **D**
NAME **HENRY GEORGE**
STREET ADDRESS **3952 MCCALL RD**
CITY - ST - ZIP **ENGLEWOOD FL**

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

TITLE **V**
NAME **E.M. PENGELLY**
STREET ADDRESS **3952 MCCALL RD.**
CITY - ST - ZIP **ENGLEWOOD FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **V David Lipstein**
6.3 STREET ADDRESS **3952 MCCALL RD**
6.4 CITY - ST - ZIP **ENGLEWOOD FL 34224**

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 110.07(3)(b), 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: *E.M. Dixie Pengelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #

0082982