

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**3952 MCCALL ROAD
ENGLEWOOD FL 34224**

Mailing Address
**3952 MCCALL ROAD
ENGLEWOOD FL 34224**

3. Date Incorporated or Qualified
11/08/1962

3a. Date of Last Report
04/27/1995

4. FEI Number
59-1688788

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**GUNDERSON, MIKO
1861 PLACIDA ROAD
GROVE CITY FL 34224**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KATHY BECK | |
| STREET ADDRESS | 3952 MCCALL RD | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | UNDERGRAFF, JAN | |
| STREET ADDRESS | 3952 MCCALL RD | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | PENGELLY, E. M | |
| STREET ADDRESS | 3952 MCCALL RD | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | OATHOUT, GLENDA | |
| STREET ADDRESS | 3952 MCCALL RD | |
| CITY-ST-ZIP | ENGLEWOOD, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HENRY GEORGE | |
| STREET ADDRESS | 3952 MCCALL RD | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | LIPSTEIN, DAVID | |
| STREET ADDRESS | 3952 MCCALL RD | |
| CITY-ST-ZIP | ENGLEWOOD FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Peter Traverso |
| 2.3 STREET ADDRESS | 3952 Mc Call Rd |
| 2.4 CITY-ST-ZIP | Englewood, Fl. |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | David Lipstein |
| 3.3 STREET ADDRESS | 3952 Mc Call Rd |
| 3.4 CITY-ST-ZIP | Englewood, Fl |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Tom Atchison |
| 6.3 STREET ADDRESS | 3952 Mc Call Rd |
| 6.4 CITY-ST-ZIP | Englewood, Fl |

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 119.07(3)(k), 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: *[Signature]* **1-26-96** **941-475-6656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)