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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90056 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704755

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/08/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1688788	
24 Country		29 Country		30	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
6. Election Campaign Financing				☐ Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNDERSON, MIKO
 1861 PLACIDA ROAD
 GROVE CITY FL 34224

81 Name **Dean Hanewinkel**
 82 Street Address (P.O. Box Number is Not Acceptable)
2800 Placida Rd. Suite 110
 83
 84 City **Englewood** **FL** 85 Zip Code **34224**

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 signature required when reinstating)

DATE

5/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	RIDGE, CLAUDIA	1.2 NAME	Ridge Claudia
STREET ADDRESS	3952 MCCALL RD	1.3 STREET ADDRESS	3952 McCall Rd.
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood Fl.
TITLE	T ☐ DELETE	2.1 TITLE	T ☐ Change ☐ Addition
NAME	DAMEWOOD, KATHY	2.2 NAME	Miller, Gary
STREET ADDRESS	3952 MCCALL RD	2.3 STREET ADDRESS	3952 McCall Rd.
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood Fl.
TITLE	P ☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
NAME	STILLMAN, ROGER	3.2 NAME	Demaree, William
STREET ADDRESS	3952 MCCALL RD	3.3 STREET ADDRESS	3952 McCall Rd.
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	Englewood Fl.
TITLE	D ☐ DELETE	4.1 TITLE	V ☐ Change ☐ Addition
NAME	JOHNSON, PATSY	4.2 NAME	Johnson, Patsy
STREET ADDRESS	3952 MCCALL RD	4.3 STREET ADDRESS	3952 McCall Rd.
CITY-ST-ZIP	ENGLEWOOD, FL 00000	4.4 CITY-ST-ZIP	Englewood Fl.
TITLE	D ☐ DELETE	5.1 TITLE	S ☐ Change ☐ Addition
NAME	WHITTAKER, JEAN	5.2 NAME	Ness, Linda
STREET ADDRESS	3952 MCCALL RD	5.3 STREET ADDRESS	3952 McCall Rd.
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Englewood Fl.
TITLE	S ☐ DELETE	6.1 TITLE	S ☐ Change ☐ Addition
NAME	KAFF, JOHN	6.2 NAME	Ness, Linda
STREET ADDRESS	2937 BEACH RD	6.3 STREET ADDRESS	3952 McCall Rd.
CITY-ST-ZIP	ENGLEWOOD FL 34223	6.4 CITY-ST-ZIP	Englewood Fl.

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 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Claudia Ridge
 President

4/12/99

941-475-6656

4/12/99

CR02037 (11/98)