FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 707490**

1. Corporation Name

REALTOR ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business 245 ALCAZAR AVE. CORAL GABLES FL 33134

Mailing Address

245 ALCAZAR AVE. CORAL GABLES FL 33134

FILED Mar 16, 1999 8:00 am § Secretary of State

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2. Principal Pi	ace of Business	\vdash	. Mailing Address				06/26/1964				
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				4. FEI Number		Apr	lied For	
_ ``	#, etc.	27	Obito, 7 pt. 11, 010.				59-0977630		No	Applicable	
City & State	9	121	City & State				5. Certificate of Status Desired		\$8.75 A		
23	-	28					5. Certificate of Status Desired		Fee Re	quired .	
Zip	Country	T.	Zíp	Countr	y		6. Election Campaign Financing		\$5.00		
24	25	29	3	0			Trust Fund Contribution		- Added to	Fees	
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Registe	red Ag	ent		
				81	Na	me					
BULLMAN, MARTHA J.					82 Street Address (P.O. Box Number is Not Acceptable)						
245 ALCAZAR AVE. CORAL GABLES FL 33134					83						
										1	•
11. Pursuant	to the provisions of Sections 617.0502	and (617.1508, Florida Statutes	, the above	e-nar	ned corpo	oration submits this statement for the purpor n's board of directors. I hereby accept the a	se of ch	anging its nent as rec	registered aistered	
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons o	f, Section 617.0503, Florid	la Statute	, ale (S.	zo, porado		, ,		•	
SIGNATURE											
SIGNATIONE	Signature, typed or printed name of registered agent a				ınt signi	stura required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		NIDECTO	DS IN 12	
12.	OFFICERS AND	DIR		13.		- 0	RES + DIRECTUR		Change	Addition	
TITLE	PED		☐ DELETE	1.1 TITLE		P	KES + DIKELIOK	. 4	Promanião	L Addition	
NAME	EARNEST, WALTER J			1.2 NAME							
STREET ADDRESS				1.3 STREE	T ADD	RESS		٠.		•	
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-	ST-ZIP		<u> </u>		7.01	m iaaaa.	
TITLE	STD		DELETE	2.1 TITLE			•	Ĺ	_) Change	Addition Addition	
NAME	MCCONNAUGHY, JAME B.			2.2 NAME							
STREET ADDRESS	4689 PONCE DE LEON BLVD., 31	rd f	LOOR	2.3 STREE	T ADD	RESS	•	,			
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY	ST-ZIP						
TITLE	EVP		☐ DELETE	3 1 TITLE				Ţ	Change	☐ Addition	
NAME	BULLMAN, MARTHA J.			3.2 NAME							
STREET ADDRESS	245 ALCAZAR AVE.			3.3 STRE	ET ADDI	RESS					
City-ST-ZIP	CORAL GABLES FL 33134			3.4. CITY-	ST-ZIP						
TITLE	PED		☐ DELETE	4.1 TITLE		257	rD	1	Change	☐ Addition	
NAME	PUIG, AL J.			4, 2 NAMI	Ξ	1 /	1010 SW 88 ST #200				
STREET ADDRESS				4.3 STRE	ET ADD	RESS I					
CITY-ST-ZIP	MIAMI FL			4.4 CITY-	ST-ZIP	1/4	WARL PL 33176 BELECT DILECTOR INNA LANCASTER		· ·		
TITLE			☐ DELETE	5.1 TITLE		PR	ELECT DICECTOR	į	Change	Addition	
NAME				5.2 NAME		Do	INNA KANCASIEK		: .		
STREET ADDRESS				5.3 STRE	ET AODI	ress 3 ;	75 MIRACLE PULL	34	1		
CITY-ST-ZIP				5.4 CiTY-	ST-ZIP	Co	RALLABLES, FL 33				
TITLE			☐ DELETE	6.1 TITLE		T		[Change	☐ Addition	
NAME				6.2 NAME			•				
STREET ADDRESS				6.3 STRE	ET ADD	ress					
CITY-ST-7IP				6.4 CITY-	ST-ZIP			<u>.</u>			

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 on 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 or attachment with an address, with all other like empowered.

SIGNATURE: