

# 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 # 708888 (3)**  
1. Corporation Name  
**REALTORS ASSOCIATION OF THE PALM BEACHES, INC.**



Principal Place of Business  
**3579 NORTHLAKE BOULEVARD  
LAKE PARK FL 33403-1625**

Mailing Address  
**3579 NORTHLAKE BOULEVARD  
LAKE PARK FL 33403-1625**

3. Date Incorporated or Qualified **05/04/1965** 3a. Date of Last Report **04/03/1995**

2. Principal Place of Business  
**21 701 Northpoint Parkway**

2a. Mailing Address  
**26 701 Northpoint Parkway**

4. FEI Number  
**59-0424373 59-1237171** Applied For  
Not Applicable

Suite, Apt. #, etc.  
**22 Suite 110**

Suite, Apt. #, etc.  
**27 Suite 110**

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

City & State  
**23 West Palm Beach**

City & State  
**28 West Palm Beach**

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

Zip  
**24 33407**

Country  
**25 USA**

Zip  
**29 33407**

Country  
**30 USA**

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

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**BRANTON, JANET  
3579 NORTHLAKE BLVD.  
PALM BCH GARDENS FL 33410**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**701 Northpoint Parkway**  
**83** Suite 110  
**84** City **West Palm Beach** **FL** **85** Zip Code **33407**

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

## 12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS                 | CITY-ST-ZIP               | DELETED                             |
|-------|-----------------|--------------------------------|---------------------------|-------------------------------------|
| D     | BRANTON, JANET  | 3579 NORTHLAKE BLVD            | PALM BCH GRDNS, FL 00000  | <input type="checkbox"/>            |
| D     | FISCHER, DAVID  | 4400 PGA BLVD.                 | PALM BCH. GARDENS FL      | <input type="checkbox"/>            |
| D     | TAGG, DONNA     | 3111 45TH STREET #4            | N. PALM BEACH FL 33407    | <input type="checkbox"/>            |
| D     | VOSS, RICHARD   | 11811 U.S. HWY. 1              | N. PALM BEACH FL 33408    | <input checked="" type="checkbox"/> |
| D     | SMITH, CATHLEEN | 11924 W. FOREST HILL BLVD. #18 | WESTH PALM BEACH FL 33414 | <input checked="" type="checkbox"/> |
|       |                 |                                |                           | <input type="checkbox"/>            |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME         | 13 STREET ADDRESS                 | 14 CITY-ST-ZIP             | 15 Change                           | 16 Addition                         |
|----------|-----------------|-----------------------------------|----------------------------|-------------------------------------|-------------------------------------|
| V        |                 | 701 Northpoint Parkway, Suite 110 | West Palm Beach, FL. 33407 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| T/D      |                 |                                   |                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|          |                 |                                   |                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| P/D      | John Q. Podesta | 1200 U.S. Highway 1               | North Palm Beach, FL 33408 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| V/S/D    | Marjorie Potter | 3111 45th Street #3               | West Palm Beach, FL 33407  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|          |                 |                                   |                            | <input type="checkbox"/>            | <input type="checkbox"/>            |

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:** *Janet Branton* **Janet Branton** **2/13/96** **407/688-9294**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)