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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

708888

(3)

REALTORS ASSOCIATION OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address						\Box	11000		IVII BAUAI WEDEL VI		11 010 11 1001
701 NORTHPOINT PKWY SUITE 110 WEST PALM BCH FL 33407		701 NORTHPOINT PKWY SUITE 110 WEST PALM BCH FL 33407-1956 US									
US							3. Date Inco 05/0	rporated or Qualified 14/1965	fied Sa. Date of Last Report 02/21/1996		
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Numb 59-1	237171			olied For Applicable
Suite, Apt.	#, etc.		Apt. #, etc.		······································		5. Certificate	of Status Desired		\$8.75 A	dditional
City & State	3	City &	State					Campaign Financing		\$5.00 N	May Be
Z ip	Country	28 Zip		Cou	ntry			d Contribution oration has liability for	intangible tay	Added to	
24	25	29		30	•		Florida St	· •	Yes 1		188,032
	9. Name and Address of Curren	t Registered A	gent				IO. Name an	d Address of New Re	gistered Age	nt	
					81 Nam	е					1
BRANTON, JANET					82 Stree	t Address	(P.O. Box No	umber is Not Accepta	ole)		
701 NORTHPOINT PKWY							`	, , , , , , , , , , , , , , , , , , ,			
SUITE 110					63						
WEST P	ALM BCH FL 33407				64 City				FL	35 Zip C	ode
11. Pursuant i	to the provisions of Sections 617.050	2 and 617,1508	B. Florida Statut	es, the al	ove-name	d corpora	tion submits	this statement for the	ournose of ch	anoino its	registered
office or ri	egistered agent, or both, in the State of Tangliar with, and agreet the obligation	of Florida, Sucl	h change was a	authorize	d by the co	rporation'	s board of di	rectors. I hereby acce	pt the appoint	lment as r	egistered
SIGNATURE _	Lavet Brant	enfor k	eattors	ass	ac SA	fulal	lmBea	ohes Jan	et Brai	nton	51P
12.	Signature typed or printed name of registered age OFFICERS ANI		ole (NOT	E: Registered	Agent signati	w beliuper ex	hen reinstating)	0/01/44/050 70 055	DATE //	5/97	
TITLE	OFFICERS ANI) DIRECTORS	DELETE	13.	16	1	ADDITION	S/CHANGES TO OFFI		Change	Addition
NAME	BRANTON, JANET			1.2 N/						, Change	L.J AUGIUUIT
STREET ADDRESS	701 NORTHPOINT PKWY, STI	= 110			reet address						
CITY-ST-ZIP	WEST PALM BCH FL	- 110				'					
TITLE	TD		DELETE	2.1 11	TY-ST-ZIP	Pr	eside	n+ D	128	Change	Addition
NAME	FISCHER, DAVID			2.2 N/		_		-	1924	, change	Addition.
STREET ADDRESS	4400 PGA BLVD.				reet adoress		ina I	medit Hill 1	2111		
CITY-ST-ZIP	PALM BCH. GARDENS FL				TY-ST-ZIP	100	alm E	Social Ed	3406		
TITLE	D	·····	DELETE	3.1 Ti		177	5/D	PENCA, PL		Change	Addition
NAME	TAGG, DONNA			3.2 N/	MÉ	Da	ጉለ ጉሥነ	scher		4	
STREET ADDRESS	3111 45TH STREET #4			3.3 \$1	reet address	440	O PGA	B1 vd. #	303		
CITY-S1-ZIP	N. PALM BEACH FL 33407		_	3.4. C	TY-ST-ZIP	Pal	m Bear	l Gardone	.FL 2	=410	
TITLE	PD	***************************************	DELETE	4.1 31			D			Change	Addition
NAME	PODESTA, JOHN Q			4. 2 N	AME	Pay	id Ho	rine			` '
STREET ADDRESS	1200 US HWY 1			4.3 \$1	REET ADDRESS	440	D PGA	1 BING. #	303		
CITY - ST - ZIP	N PALM BCH FL			4.4 CI	TY-ST-ZIP	Pal	m Be	ach Garde	ns, FL	2341	٥
TITLE	VSD		DELETE	5.1 TI	LE	D	•		N	Change	Addition
NAME	POTTER, MARJORIE			5.2 N/	ME		riorte			•	
STREET ADDRESS	3111 45TH ST #3			5.3 \$1	REET ADDRESS	3111	4544	St. #3			
CITY - ST - ZIP	WESTH PALM BEACH FL			5.4 CI	TY-ST-ZIP	We	st Pa	im Beach	.FL 33	3407	
TITLE			DELETE	6.1 TI	LE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				6.2 N/	ME						
STREE1 ADDRESS				6.3 S1	reet address	\$					
CITY-ST-ZIP	and f. that the later and the	distribution 49			TY-ST-ZIP		0				
informatio	by certify that the information supplied in indicated on this annual report or s	upplemental ar	noual report is t	rue and a	ccurate ar	nd that my	/ signature sh	all have the same led	al effect as if a	made und	er oath: that I
I am an of	flicer or director of the corporation or	the receiver or	trustee empow	ered to e	xecute this	report as	required by	Chapter 617, Florida	Statutes; and	that my na	ame

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Signature AND Typed On Printed Name of Biology Officer on Director On Director Date Destine Profes & GOADAS