

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 # 709011 (1)

1. Corporation Name

REALTOR ASSOCIATION OF SOUTH PALM BEACH COUNTY,
INC.



Principal Place of Business

Mailing Address

3200 N. MILITARY TRAIL
SUITE 100
BOCA RATON FL 33431
US

3200 N. MILITARY TRAIL
SUITE 100
BOCA RATON FL 33431
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/21/1965

3a. Date of Last Report

01/24/1995

4. FEI Number

59-1144537

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

10. Name and Address of New Registered Agent

GOLDEN, ROBERT
3200 N. MILITARY TRAIL
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, if not applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'CONNELL, DEBBY	
STREET ADDRESS	267 S. OCEAN BLVD.	
CITY - ST - ZIP	MANALAPAN FL 33462	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCARTHY, ALBERTA P.	
STREET ADDRESS	600 EAST ATLANTIC AVENUE	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ABBOTT, JAY	
STREET ADDRESS	200 W. CAMINO REAL #1	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EICHAS, TERRY	
STREET ADDRESS	600 EAST ATLANTIC AVENUE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, WILLIAM	
STREET ADDRESS	6100 GLADES ROAD #107	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, MYRA	
STREET ADDRESS	2301 WEST GLADES ROAD	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	McCarthy, Alberta	
13 STREET ADDRESS	98 S.E. 5th Avenue	
14 CITY - ST - ZIP	Delray Beach, FL 33483	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Iehman, Jerry	
23 STREET ADDRESS	21073 Powerline Road, #57	
24 CITY - ST - ZIP	Boca Raton, FL 33431	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Sittler, Conrad	
33 STREET ADDRESS	612 E. Atlantic Avenue	
34 CITY - ST - ZIP	Delray Beach, FL 33483	
41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Moenert, Patricia	
43 STREET ADDRESS	3469 W. Boynton Beach Blvd.	
44 CITY - ST - ZIP	Boynton Beach, FL 33436	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	O'Connell, Debby	
63 STREET ADDRESS	267 S. Ocean Blvd., Ste #12	
64 CITY - ST - ZIP	Manalapan, FL 33462	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert E. Golden, Executive Vice President

1/29/96

(407) 997-8266

Date

Daytime Phone #

CR2E037 (12/95)