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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714849 (7)

1. Corporation Name

THE FLORIDA REAL ESTATE EXCHANGORS ASSOCIATION,
INC.

Principal Place of Business

6360 PRESIDENTIAL COURT
#4-B
FT. MYERS FL 33919
US

Mailing Address

6360 PRESIDENTIAL COURT
#4-B
FT. MYERS FL 33918-3501
US



3. Date Incorporated or Qualified
06/28/1968

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 3321 CATTLEMEN ROAD

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FL

Zip

24 34232

Country

25 SARASOTA

2a. Mailing Address

26 12346-3 WOODROSE CT.

Suite, Apt. #, etc.

27 City & State

28 FORT MYERS, FL

Zip

29 33907

Country

30 LEE

4. FEI Number

59-1841996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POTTS, BETTE K
6360 PRESIDENTIAL COURT
#4-B
FT. MYERS FL 33919

81 Name

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

12346-3 WOODROSE CT.

83

84 City

FORT MYERS

FL

85 Zip Code

33907

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 PD
NAME MCCALL, JOHN
STREET ADDRESS 3321 CATTLEMAN ROAD
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE STD
NAME POTTS, BETTE
STREET ADDRESS 6237 PRESIDENTIAL COURT #126
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE SD
NAME GRIMLEY, GAIL
STREET ADDRESS 1047 EAST AVE N
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE VD
NAME GRIMLEY, GAIL
STREET ADDRESS 6210 LOCKWOOD RIDGE ROAD
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE VD
NAME ALTON, ARLEN
STREET ADDRESS 7310 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

☐ DELETE

TITLE D
NAME MCCALL, SEAN
STREET ADDRESS 3805 MACINTOSH
CITY-ST-ZIP SARASOTA, FL 34232

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 12346-3 WOODROW CT.
2.4 CITY-ST-ZIP FORT MYERS, FL 33907

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 an address.

SIGNATURE:

BETTE K. POTTS
SECRETARY

1-28-97 (94) 489-2200

CR2E037 (9/96)