

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 # 719352 (7)  
1. Corporation Name  
FORT MYERS ASSOCIATION OF REALTORS, INC.



Principal Place of Business  
2840 WINKLER AVENUE  
FT MYERS FL 33916

Mailing Address  
2840 WINKLER AVENUE  
FT MYERS FL 33916

3. Date Incorporated or Qualified 09/21/1970  
3a. Date of Last Report 04/26/1995

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number 59-0787936  
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

RILEY, BETTE K.  
2840 WINKLER AVENUE  
FT. MYERS. FL 33916

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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
S	ELLIS, SANDE	8841 COLLEGE PKWY, STE 107	FT. MYERS FL	<input type="checkbox"/>
PD	ASP, MARSHA	13831 VECTOR AVE, #105	FT. MYERS FL	<input checked="" type="checkbox"/>
PD	FISCHER, BARI	1458 PERIWINKLE WAY	SANIBEL FL	<input type="checkbox"/>
V	COHAN, BRAD	2223 MCGREGOR BLVD	FT. MYERS FL	<input type="checkbox"/>
TD	BEAVER, RANDALL	1705 COLONIAL BLVD, #A1	FT. MYERS FL	<input type="checkbox"/>
EO	RILEY, BETTE K.	2840 WINKLER AVE	FT. MYERS FL	<input type="checkbox"/>

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
director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
vice president	ROBERT LEWIS	1520-160 ROYAL PALM Sp. BLVD	FT. MYERS, FL 33919	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
president				<input checked="" type="checkbox"/>	<input type="checkbox"/>
director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
president elect				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)