## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

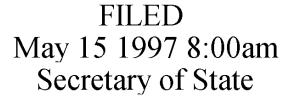
Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT #

1. Corporation Name

FORT MYERS ASSOCIATION OF REALTORS, INC.





Principal Place	e of Business		Mai	ling Address			* · · · · · · · · · · · · · · · · · · ·	T 100111 40061 31500 SOLOD TENDE OLIVE BIRTH DIGHT STOLL BIRTH BIRTH BIRTH OLDIN REGIL FEDI
2840 WINKLER AVENUE 2840 WINKLER AVENUE FT MYERS FL 33916 FT MYERS FL 33916-9302					ı			
								3. Date Incorporated or Qualified
2. Principal Pl	ace of Busines	is	2a.	2a. Mailing Address				4. FEI Number Applied For
21				26				59-0787936 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country			Zıp Cour			'	8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Current F			30			<del></del>	Fiorida Statutes Yes No  10. Name and Address of New Registered Agent
	y, rante at	IO AUGITES OI CUITE	III negiste	neu Agent		81	Name	
RILEY, BETTE K.						82		
2840 WINKLER AVENUE						82 Street Address (P.O. Box Number is Not Acceptable) 83		
FY. MYERS. FL 33916								
						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 typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.						13.		ure required when reinstaing)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	D	011102.1071	10 0 11 120	DELETE		TITLE		DIRECTOR Change X Addition
NAME	ELLIS, SA	NDE		· A	1.21	NAME		RITA MC NEIL
STREET ADDRESS	8841 COLLEGE PKWY, STE 107				1.3 STREET		ADDRESS	1
CITY - ST - ZIP	FT. MYER	S FL			1.41	CITY-S	ST-ZIP	FORT MYERS, FL. 33907
TITLE	D			<b>∠</b> DELETE	2.1	TITLE		DIRECTOR Change Addition
NAME	LEWIS, R	obert		2.21	2.2 NAME		ELIZABETH PAUL	
STREET ADDRESS	1520-160	ROYAL PALM SP.		2.3 STRE		ADORESS		
CITY-ST-ZIP	FT MYERS	S FL 33919		2.4	CITY-	ST-ZIP	FORT MYERS, FL. 33907	
TITLE	P DELETE				3.1	3.1 TITLE		VP   ★ Change Addition
NAME	FISCHER,	BARI			3.21	NAME		·
STREET ADDRESS	1456 PERIWINKLE WAY				3.3	3.3 STREET ADDRESS		s
CITY-ST-ZIP	SANIBEL FL				3.4.	3.4. CITY-ST-ZIP		
TITLE	D	_		DELETE	4.1	TITLE		DIRECTOR Change Addition
NAME	COHAN, I				4.2	NAME		DAVID COLE
STREET ADDRESS		REGOR BLVD			4.3	STREET	ADDRESS	( 20102 0 111 ) 21001 1 2101
CITY-ST-ZIP	FT. MYER	S FL				CITY - S	ST-ZIP	FORT MYERS, FL. 33907
TITLE	P			DELETE		TITLE		Change Addition
NAME	BEAVER,					NAME		
STREET ADDRESS		.ONIAL BLVD, #A1					ADDRESS	\$
CITY-ST-ZIP	FT. MYER	S FL		BELLET		CITY-S	T-ZIP	
TITLE	EO DILEY DE	TTE V		DELETE		TITLE		☐ Change ☐ Addition
NAME	RILEY, BE					NAME		
STREET ADDRESS		KLER AVE					ADDRESS	s
C(TY-ST-ZIP	FT. MYER	be information suppli	ad with this	s filing does not avail	6.4	CITY - S	T-ZIP	n stated in Section 119.07(3)(i), Florida Statutes, I further certify that the
THE POPULATION	zy conny mat t	uo imonuarion subbii	ea with full	a minita cross mor ciosa	ina ini ili	D GYE	withini p	r stated in Section 118 07 5/1), Florida Statutes. 1 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.