


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number

59-0787936

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Linda Lang

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

2840 Winkler Ave.

83

84 City

Fort Myers

FL

85 Zip Code

33916

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

Linda Lang
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCNEIL, RITA
STREET ADDRESS	7500-1 COLLEGE PKWY
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PAUL, ELIZABETH
STREET ADDRESS	13131 UNIVERSITY DR
CITY-ST-ZIP	FT MYERS FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	FISCHER, BARI
STREET ADDRESS	1456 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COLE, DAVID
STREET ADDRESS	13131 UNIVERSITY DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BEAVER, RANDALL
STREET ADDRESS	1705 COLONIAL BLVD, #A1
CITY-ST-ZIP	FT. MYERS FL
TITLE	EO <input checked="" type="checkbox"/> DELETE
NAME	RILEY, BETTE K.
STREET ADDRESS	2840 WINKLER AVE
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Asp, Marsha
1.3 STREET ADDRESS	17170 Harbour Point Dr. #101
1.4 CITY-ST-ZIP	Fort Myers, FL. 33908-2774
2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sande Ellis
3.3 STREET ADDRESS	13241-101 University Drive
3.4 CITY-ST-ZIP	Fort Myers, FL. 33907-5716
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Linda Lang
6.3 STREET ADDRESS	2840 Winkler Ave.
6.4 CITY-ST-ZIP	Fort Myers, FL. 33916

14. I 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:

Linda Lang

4/17/98 (941) 936-3537

CR2E037 (10/97)