

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 028 ****61.25

DOCUMENT # 719873

1. Entity Name
FLORIDA ASSOCIATION OF REALTORS



Principal Place of Business
**7025 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 32822-5017 US**

Mailing Address
**P O BOX 725025
ORLANDO, FL 32872-5025 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0245475

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN FRIDLINGTON
7025 AUGUSTA NATIONAL DR.
ORLANDO, FL 32822-5017**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Delete
NAME DOOLEY, MICHAEL A
STREET ADDRESS 9148 SE BRIDGE ROAD
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE P/D ☒ Change ☐ Addition
NAME Nancy J. Riley
STREET ADDRESS 3401 4th Street North
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE V/D Delete
NAME RILEY, NANCY J
STREET ADDRESS 3401 4TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE V/D ☐ Change ☒ Addition
NAME Charles J. Bonfiglio Sr.
STREET ADDRESS 9710 Stirling Road Suite 107
CITY-ST-ZIP Cooper City FL 33024

TITLE T/D ☒ Delete
NAME MORRIS, MAGGIE
STREET ADDRESS 15690 BRIARCLIFF LANE
CITY-ST-ZIP FORT MYERS, FL 339124222

TITLE T/D ☐ Change ☒ Addition
NAME Wendell D. Davis
STREET ADDRESS 4456 Sunbeam Road
CITY-ST-ZIP Jacksonville FL 32257

TITLE S/D ☒ Delete
NAME HUDGENS, BOB S
STREET ADDRESS 111 BEAL PARKWAY SE
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE S/D ☐ Change ☒ Addition
NAME Patricia S. Fitzgerald
STREET ADDRESS 19558 Trails End Terrace
CITY-ST-ZIP Jupiter FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EV/D ☐ Change ☒ Addition
NAME John Fridlington
STREET ADDRESS 7025 Augusta National Drive
CITY-ST-ZIP Orlando FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David B. Garrison

David B. Garrison

4/30/07

407.438.1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #