

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:20

**DOCUMENT # 734107 (6)**  
1. Corporation Name  
**NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.**

Principal Place of Business Mailing Address  
**415 W. 51ST PL. 415 W. 51ST PL.  
HIALEAH FL 33012 HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/16/1975** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **59-0904809** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**GARTON, SYDNEY R.  
415 W. 51ST PL.  
HIALEAH FL 33012**  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL OSCAR	1.2 NAME	Pyke, Elizabeth M.
STREET ADDRESS	420 W 49TH ST	1.3 STREET ADDRESS	409 E. 9th St
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	Hialeah, FL 33010
TITLE	PD	2.1 TITLE	President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBAINA, JULIO A.	2.2 NAME	Fontanella, Gerri J.
STREET ADDRESS	600 PALM AVE., SUITE A	2.3 STREET ADDRESS	7307 Miami Lakes Dr
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	Miami Lakes, FL 33014
TITLE	VD	3.1 TITLE	President-Elect/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANELLA, GERRI J.	3.2 NAME	Ponce, Jr., Julio
STREET ADDRESS	8555 N.W. 186TH ST.	3.3 STREET ADDRESS	420 W. 49th St.
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Hialeah, FL 33012
TITLE	TD	4.1 TITLE	Treasurer/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, JULIO	4.2 NAME	Orsini-Piedra, Marianela
STREET ADDRESS	420 W. 49TH ST.	4.3 STREET ADDRESS	250 W. 49th St.
CITY - ST - ZIP	HIALEAH FL	4.4 CITY - ST - ZIP	Hialeah, FL 33012
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTON, SYDNEY R.	5.2 NAME	
STREET ADDRESS	415 W. 51ST PL.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(b), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE: *Sydney R. Garton* Sydney R. Garton 2/9/95 (305) 557-1400  
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number