

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



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

Mailing Address  
**415 W. 51ST PL.  
HIALEAH FL 33012**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1975</b>		3a. Date of Last Report <b>02/14/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0904809</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GARTON, SYDNEY R. 415 W. 51ST PL. HIALEAH FL 33012</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PYKE, ELIZABETH M</b>	1.2 NAME	<b>COSTA, REINALDO</b>
STREET ADDRESS	<b>409 E 9TH ST</b>	1.3 STREET ADDRESS	<b>7330 W. 20th Ave</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	1.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENTANELLA, GERRI J</b>	2.2 NAME	<b>PONCE, JULIO</b>
STREET ADDRESS	<b>7307 MIAMI LAKES DR</b>	2.3 STREET ADDRESS	<b>1255 W. 46th St. Suite #3</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PRES-ELECT-DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PONCE JR, JULIO</b>	3.2 NAME	<b>ORSINI-PIEDRA, MARIANELA</b>
STREET ADDRESS	<b>420 W 49TH ST</b>	3.3 STREET ADDRESS	<b>250 W. 49th St.</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORSINI-PIEDRA, MARIANELA</b>	4.2 NAME	<b>PYKE, ELIZABETH M.</b>
STREET ADDRESS	<b>250 W 49TH ST</b>	4.3 STREET ADDRESS	<b>409 E. 9th St.</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	4.4 CITY-ST-ZIP	<b>Hialeah, FL 33010</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARTON, SYDNEY R.</b>	5.2 NAME	
STREET ADDRESS	<b>415 W. 51ST PL.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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)(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:** Sydney R. Garton **Sydney R. Garton 1/19/96 (305) 557-1400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)