


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90208 002 ****61.25

DOCUMENT # 734107					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-0904809	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUIZ, ANGELA R 415 W. 51ST PL. HIALEAH, FL 33012			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 <i>Angela R. Ruiz</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>2-24-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	EO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUIZ, ANGELA R	NAME			
STREET ADDRESS	415 W. 51ST PL	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDRIAN, LUIS	NAME	Macias, Vivian		
STREET ADDRESS	15770 SW 42 TE	STREET ADDRESS	3295 W 4th Ave		
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	Hialeah, FL 33012		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HERNANDEZ, MERCEDES	NAME	Fortich, Jorge		
STREET ADDRESS	15110 FALKIRK PL	STREET ADDRESS	1800 W. 49th St #307		
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	Hialeah, FL 33012		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MACIAS, VIVIAN	NAME	Gomez, Maria E.		
STREET ADDRESS	3295 WEST 4TH AVE.	STREET ADDRESS	730 SE 8th St #105		
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL 33010		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAGNESSES, MELBA	NAME	Peralta, Angel		
STREET ADDRESS	8275 WEST 12 AVE.	STREET ADDRESS	5901 NW 151 St #213		
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Miami Lakes, FL 33014		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: <i>Angela R. Ruiz</i>		Date: <i>2-24-05</i>		Daytime Phone #: <i>305-557-1400</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					