2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 734107 1. Entity Name NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.								_	FILE UL-9 I	PM 12: 4	_
415 W. 51ST PL. 415 W				ling Address 5 W. 51ST PL. NLEAH, FL 33012				: 114 :			E DA
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address							
Suite, Apt. #, etc.			Sulte, Apt. #, etc.				06272007	Chg-NP	CR2E03	37 (12/06)	
City & State			City & State				4. FEI Numb			—	plied For
Zip	Country		Zip	Zip		, ,	5. Certificate of Status Desired			\$8.75 Additional	
6. Name and Address of Current Registered Agent							7. Name and	Address of New			
Name C							ie Blanco-Polo				
SEVILLANO, MARIA C ED.D 415 W. 51ST PL.						Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33012											
415 u											
City H 14 le									FL	Zip Cod 336	12
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 AND IX Blanco Polo Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reheating) OATE											
Amended AR is \$61.25 Trust Fund					npaign Financing		\$5.00 May E Added to Fees	Fic	Make check orida Depar	tment of St	ate
10.		OFFICERS AND DIR		$\overline{\mathcal{L}}$	11.		ADDITIONS/CH	ANGES TO OFFIC	ERS AND DI		10
TITLE NAME	AE SEVILLAN	MARIA CED D		Delete	TITLE NAME	AE	. ملحت	- Data		Change	☐ Addition
STREET ADDRESS	SEVILLANO, MARIA C ED. D. DRESS 415 W. 51ST PL SUITE 200				STREET ADDRESS	CINN	16 1319N	FL 33	ite 20	0	
CITY-ST-ZIP		FL 33012			CITY+ST-ZIP	47	aleah	FL 33	0012		
TITLE	P			☐ Delete	TITLE			<u></u>		☐ Change	Addition
NAME STREET ADDRESS	i e	IT, MARIA E V 60 AVE.,SUITE 107			NAME STREET ADDRESS		• /	1			
CITY-ST-ZIP	MIAMI LAKES, FL 33014				CITY-ST-ZIP	Ί,	$A \cap \mathcal{N}$	lin –			
TITLE	T	DAFAFI		☐ Delete	TITLE	1	1			☐ Change	Addition
NAME STREET ADDRESS	LVALDES, 15271 NV	RAFAEL / 60 AVE.,SUITE 107			NAME STREET ADDRESS	,	l s	00109	259	799	
CITY-ST-ZIP	L .	KES, FL 33014			CITY-ST-ZIP	<u> </u>	07/1	7/07010	20016	**81.	25
TITLE	PE			Delete	TITLE		•		• • • • • • • • • • • • • • • • • • • •	Change	☐ Addition
NAME STREET ADDRESS		, GEORGE 167 ST. #E 23			NAME STREET ADDRESS	, [
CITY-ST-ZIP		KES, FL 33015			CITY-ST-ZIP	'					
TITLE	S			Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS		JEZ, MANUEL OSCAR ST.UN # 105			NAME STREET ADDRESS	,					
CITY-ST-ZIP	1	FL 33015			CITY-ST-ZIP	'					
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS					NAME STREET ADDRESS	,					
CITY-ST-ZIP					CITY-ST-ZIP	'					ı
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 eath; 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 wittyan address. with \$4 lother like empowered.											
indicated	on this repor	t or supplemental report is:	true and accu	rate and that m	ıv sionature shall	have the s	same legal effec	t as if made under is; and that my nar	r oath; that I a me appears ir	m an officer	Block 11 if
indicated	on this repor poration or th or on an atta	t or supplemental report is:	true and accu	rate and that m	ıv sionature shall	have the s	same legal effec	t as if made under as; and that my nar	me appears ir 1	m an officer Block 10 or	or director Block 11 if 2-1400