

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # 734107**

1. Entity Name  
**NORTHWESTERN DADE ASSOCIATION OF REALTORS, INC.**



FILED

07 JUL -9 PM 12:43

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

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

STATE  
HIALEAH, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-0904809**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SEVILLANO, MARIA C ED.D  
415 W. 51ST PL.  
HIALEAH, FL 33012**

Name **Annie Blanco-Polo**

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

**415 W 51st PL SUITE 200**

City **Hialeah**

FL Zip Code **33012**

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 **Annie Blanco-Polo** ✓

*Annie Blanco-Polo*

**4/27/07**

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

(NOTE: Registered Agent signature required when relistating)

DATE

**Amended AR is \$81.25**

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  
NAME **AE SEVILLANO, MARIA C ED. D.**  Delete  
STREET ADDRESS **415 W. 51ST PL SUITE 200**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE  
NAME **AE Annie Blanco-Polo**  Change  Addition  
STREET ADDRESS **415 W 51st PL SUITE 200**  
CITY-ST-ZIP **Hialeah FL 33012**

TITLE  
NAME **P BRACKETT, MARIA E**  Delete  
STREET ADDRESS **15271 NW 60 AVE., SUITE 107**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE  
NAME **P 07/10**  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **T VALDES, RAFAEL**  Delete  
STREET ADDRESS **15271 NW 60 AVE., SUITE 107**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE  
NAME **800106259799**  Change  Addition  
STREET ADDRESS **07/17/07--01020--016 \*\*\$1.25**  
CITY-ST-ZIP

TITLE  
NAME **PE DE LA FE, GEORGE**  Delete  
STREET ADDRESS **6135 NW 167 ST. #E 23**  
CITY-ST-ZIP **MIAMI LAKES, FL 33015**

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S RODRIGUEZ, MANUEL OSCAR**  Delete  
STREET ADDRESS **419 W. 49 ST. UN # 105**  
CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
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: *Annie Blanco-Polo*

**4/27/07 305-557-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #