

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90011 029 ****61.25

DOCUMENT # 740034

1. Entity Name
NEW SMYRNA BEACH BOARD OF REALTORS, INC.



Principal Place of Business
**725 WEST CANAL STREET
NEW SMYRNA BCH, FL 32168-6973**

Mailing Address
**PO BOX 442
NEW SMYRNA BEACH, FL 32170-0442 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006 Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1783905

Applied For
Not Applicable

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

**WRIGHT, THOMAS D.
340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVER, THOMAS	
STREET ADDRESS	3314 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEIMER, GLORIA	
STREET ADDRESS	109 N. CAUSEWAY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRASSO, EVE	
STREET ADDRESS	216 FLAGLER AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, SANDRA	
STREET ADDRESS	202-A N. RIDGEWOOD AVE.	
CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, PATRICIA	
STREET ADDRESS	202 FLAGLER AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, TERRI	
STREET ADDRESS	3314 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Perry	
STREET ADDRESS	409 Flagler Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Woods	
STREET ADDRESS	1504 S. Atlantic Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Cora Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-428-2104
Feb 17, 2006

Date Daytime Phone #