


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90001 041 \*\*\*\*61.25

<b>DOCUMENT # 740034</b>	
1. Entity Name <b>NEW SMYRNA BEACH BOARD OF REALTORS, INC.</b>	

Principal Place of Business <b>725 WEST CANAL STREET NEW SMYRNA BCH, FL 32168-6973</b>	Mailing Address <b>PO BOX 442 NEW SMYRNA BEACH, FL 32170-0442 US</b>
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40025409



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1783905</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WRIGHT, THOMAS D. 340 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169</b>		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PERRY, SUE			NAME	Bennett, Arnie		
STREET ADDRESS	409 FLAGLER AVE			STREET ADDRESS	3500 S. ATLANTIC AVE		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	NEW Smyrna Beach, FL 32169		
TITLE	D	<input type="checkbox"/> Delete		TITLE	PE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEIMER, GLORIA			NAME	Weimer, Gloria		
STREET ADDRESS	109 N. CAUSEWAY			STREET ADDRESS	109 N. CAUSEWAY		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	NEW Smyrna Beach, FL 32169		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRASSO, EVE			NAME	Fulford, Floyd		
STREET ADDRESS	216 FLAGLER AVENUE			STREET ADDRESS	202-A N. Ridgewood Ave		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	Edgewater, FL 32132		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, SANDRA			NAME	DeSoto, Kelley		
STREET ADDRESS	202-A N. RIDGEWOOD AVE.			STREET ADDRESS	3500 S. ATLANTIC AVE		
CITY-ST-ZIP	EDGEWATER, FL 32132			CITY-ST-ZIP	NEW Smyrna Beach, FL 32169		
TITLE	PE	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODS, DON			NAME	Woods, Don		
STREET ADDRESS	1504 S ATLANTIC AVE			STREET ADDRESS	1504 S. ATLANTIC AVE		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	NEW Smyrna Beach, FL 32169		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JACKSON, TERRI			NAME	Clinton, Robert		
STREET ADDRESS	3314 S ATLANTIC AVE			STREET ADDRESS	109 N. CAUSEWAY		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP	NEW Smyrna Beach, FL 32169		

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.

<b>SIGNATURE:</b> <u>Cora A. Baker</u>	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		