## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham<sup>7</sup>

Secretary of State
DIVISION OF CORPORATIONS

**1997**DOCUMENT #

756335

(6)

REALTOR ASSOCIATION OF HOLLYWOOD-SOUTH BROWARD, INC.						
Principal Place of Business Mailing Address				T TREATH LOOP) GIVEN ENHANGINES ILLER	BYTH BHANK BUBHN DYBYN BYDYN BHANK HABY	
701 PROMENADE DR 701 PROMENADE DR PEMBROKE PINES FL 33026-3999						
i				3. Date Incorporated or Qualified 02/12/1981	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	PA ARAZANE	
21   Suite, Apt. #, etc.		Suite, Apt. #, etc.		Trock Application		
22	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ty & State City			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
<b>23</b> Zip	Country Zip		Country	8. This corporation has flability for intangible tax under s. 199.032,		
24	25	29	30		Yes No	
•	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
Michael G. Wietor						
TERSIGNI, JOAN				dress (P.O. Box Number is Not Acceptable)		
				Country Squire, Inc. 4801 S. University Drive		
PEMBROKÉ PINISS, FL 33026						
			84 City	Dav1e	FL 33328-3836	
11. Pursuant to the provisions of sections 517.9502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered open or both, in the date of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
	m familial with, and accept the obligat	ions of, Section 617.0503, Fl Michael G	orida Statutes. Wiletor	4 1	1 97	
SIGNATURE .	Signature, typed or printed name of registered around		E Registered Agent signature		DATE	
12.	OFFIÇERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	0	☐ DELETE	1.1 TITLE	P. VICINATIVE OF VICINION	Change Addition 5	
NAME :	ZINRIL; WILLIAM G., JR.		1.2 NAME	MICHAEL G. WIETOR PRESIDENT COUNTRY SQUIRE, INC.		
STREET ADDRESS	701 PROMENADE DR.	000	1.3 STREET ADDRESS	COUNTRY SQUIRE, INC. 4801 S. UNIVERSITY DRIVE DAVIE, FL 333282		
CITY-ST-ZIP	PEMBROKE PINES PL-33026-3	999 DELETE	1.4 CITY - ST - ZIP	_	KIVE DAVIE, FL 333262	
TITLE	P/D TOPOIGNI / IOAN	☐ OCLETE	2.1 TITLE	D CARMEN I AUGELLO - 1		
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	TROP-EX WEST REALTY 12320 NORTHWEST		
CITY-ST-ZIP	PEMBROKE PINES FL 33026-3999		2.3 STREET ADDRESS	18th ST. PEMBROKE PINES. FL. 33026		
TITLE	WQ /	DELETE	31 TITLE		Change Addition	
NAME	MINNAUGH, VICKI A.		3.2 NAME	P FRANCES MARKOWITZ - "	rreasurer	
STREET ADDRESS	701 PROMENADE DR		3.3 STREET ADDRESS	MEMBERSHIP REALTY CORP. 1113 E. HALLANDAL		
CITY-ST-ZIP	PEMBROKE PINES FL 33026-3	999	3.4. CITY-ST-ZIP	BEACH BLVD. HALLANDA		
TITLE	DV /	☐ DELETE	4.1 TITLE	D PATTILYNN SAUSSER, ad	Change Addition	
NAME .	SAÙ <b>S</b> ER, PATTILYNN		4. 2 NAME	REALTOR ASSN. HWD. S.	PROUADD THE	
STREET ADDRESS	701 PROMENADE DR		4.3 STREET ADDRESS	701 PROMENADE DR. PER		
CITY-ST-ZIP	PEMBRÓKE PINES FL 33026-3		4.4 CITY - ST - ZIP	33026-3999		
TITLE		DELETE	5.1 TITLE	JJ020-J777	Change Addition	
NAME			5.2 NAME		j	
STREET ADDRESS			5.3 STREET ADDRESS	ł.	Ţ	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME		End Petrit	6.2 NAME		and somings   Last required)	
STREET ADDRESS			6.3 STREET ADDRESS	1		
CITY . ST . 710			64 CITY- ST. 7IP	1		
14. I do herel	by certify that the information supplied	with this filing does not qual	ify for the exemption	stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
14. I do 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 annual report of supplemental annual 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 companion or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 in damaged, of an artischment with an address.						

| SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

04 11 97

(954) 431-5300

**FILED** 

May 20 1997 8:00am

Secretary of State

Daytime Phone # 0024014