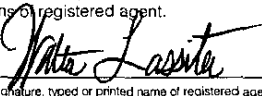
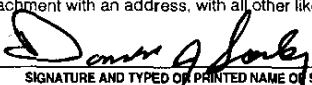


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90020 021 ****61.25

DOCUMENT # 756335					
1. Entity Name SOUTH BROWARD BOARD OF REALTORS, INC.					
Principal Place of Business 701 PROMENADE DR PEMBROKE PINES, FL 33026			Mailing Address 701 PROMENADE DR PEMBROKE PINES, FL 33026		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-0524665				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01152004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent LASSITER, WALTER 701 PROMENADE DR PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent 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.		Accounting Administrator		15 JAN 2004 DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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 STREET ADDRESS CITY-ST-ZIP	DP GUNDLACH, FRANK 6411 PARK STREET HOLLYWOOD, FL 33024	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DONALD SARLEY 5675 S W 111 TERRACE COOPER CITY, FL 33328	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUNDLAND, FRANK 6411 PARK ST HOLLYWOOD, FL 33024	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D COHEN, STEVEN 1653 N HIATUS ROAD PEMBROKE PINES, FL 33026	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIETOR, MICHAEL G 4801 S UNIVERSITY DR DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP ROMANO, LORI J 701 PROMENADE DR PEMBROKE PINES, FL 33026	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WILLIAM "BILL" VALDEZ 510 N W 89 AVE PEMBROKE PINES, FL 33024	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, STEVEN 1653 N. HIATUS RD. PEMBROKE PINES, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROBERT "BOB" MORTENSEN 18568 S W 42 ST MIRAMAR, FL 33029	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUDO, MARTI COUNTRY SQUIRE, INC. 4801 S UNIVERSITY DR DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I 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 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: 		Donald Sarley, President		1/14/2004 954-983-0670 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					