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	Mailing Address
701 PROMENADE DR PEMBROKE PINES, FL 33026	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

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0524665 ☐ 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
LASSITER, WALTER 701 PROMENADE DR PEMBROKE PINES, FL 33026	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 Walter Lassiter — Accounting Administrator — 15 JAN 2004
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, 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 — Donald Sarley, President — 1/14/2004 — 954-983-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #