

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90034 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                |         |                                                                 |                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 756335</b><br>1. Entity Name<br>SOUTH BROWARD BOARD OF REALTORS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |         |                                                                 |                                      |  |
| Principal Place of Business<br>701 PROMENADE DR<br>PEMBROKE PINES, FL 33026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                |         | Mailing Address<br>701 PROMENADE DR<br>PEMBROKE PINES, FL 33026 |                                                                                                                       |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                   |                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                |         | City & State                                                    |                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                | Country |                                                                 | Zip                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                | Country |                                                                 | 4. FEI Number<br>59-0524665                                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                |         |                                                                 | Applied For<br>Not Applicable                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br>LASSITER, WALTER<br>701 PROMENADE DR<br>PEMBROKE PINES, FL 33026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |         |                                                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |         |                                                                 | \$8.75 Additional Fee Required                                                                                        |  |
| SIGNATURE <u>Walter Lassiter</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                |         |                                                                 | Accounting Administrator<br><small>(NOTE: Registered Agent signature required when reinstating)</small>               |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                |         |                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                   |  |
| \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                |         |                                                                 | Make check payable to<br>Florida Department of State                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>SARLEY, DONALD <input checked="" type="checkbox"/> Delete<br>5675 SW 111 TERRACE<br>COOPER CITY, FL 33328                                                |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>COHEN, STEVEN <input checked="" type="checkbox"/> Delete<br>1653 N HIATUS ROAD<br>PEMBROKE PINES, FL 33026                                               |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DT<br>WIETOR, MICHAEL G <input type="checkbox"/> Delete<br>4801 S UNIVERSITY DR<br>DAVIE, FL 33328                                                             |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M<br>VALDEZ, WILLIAM <input type="checkbox"/> Delete<br>510 NW 89 AVE<br>PEMBROKE PINES, FL 33024                                                              |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>COHEN, STEVEN <input checked="" type="checkbox"/> Delete<br>1653 N. HIATUS RD.<br>PEMBROKE PINES, FL 33026                                                |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>AGUDO, MARTI <input type="checkbox"/> Delete<br>COUNTRY SQUIRE, INC. 4801 S UNIVERSITY DR<br>DAVIE, FL 33328                                              |         |                                                                 |                                                                                                                       |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>STEVEN COHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>12181 SHERIDAN ST<br>COOPER CITY, FL 33026                  |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VVD<br>DAVID ROSE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>7979 MIRAMAR PKWY<br>MIRAMAR, FL 33023                       |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>ROBERT "BOB" MORTENSEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>16258NSCOMMERCE PKWY SUITE 105<br>WESTON, FL 33326 |         |                                                                 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Steven Cohen</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |         |                                                                 |                                                                                                                       |  |
| STEVEN COHEN, PRESIDENT 2/17/2005 954-431-5311<br><small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |         |                                                                 |                                                                                                                       |  |