

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90052 001 ***183.75

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-0524665	
				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				Name	
701 PROMENADE DR				Street Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES, FL 33026				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 <u>Walter Lassiter</u> 1/8/2008 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, 2008		9. Election Campaign Financing ☐ \$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	PD SMITH, JOANN 5870 S. FLAMINGO RD. COOPER CITY, FL 33330	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERSIGNI, JOAN 600 N PINE ISLAND RD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVD TERSIGNI, JOAN 600 PINE ISLAND RD., 150 PLANTATION, FL 33324	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHINELLY, JIM SR 5400 S UNIVERSITY DR SUITE 604 DAVIE, FL 33328
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	SD MORTENSEN, ROBERT 1625 N COMMERCE PKWY #105 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VALDEZ, WILLIAM 510 NW 89 AVE PEMBROKE PINES, FL 33024	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOANN 5870 S. FLAMINGO RD. COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKOWITZ, FRAN 3100 STIRLING RD. HOLLYWOOD, FL 33021	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
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.					
SIGNATURE: <u>William J Valdez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1/8/2008 954-431-5300 Date Daytime Phone #	