

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756335

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOUTH BROWARD BOARD OF REALTORS, INC.

Current Principal Place of Business:

701 PROMENADE DR
PEMBROKE PINES, FL 33026

New Principal Place of Business:

701 PROMENADE DR
SUITE 100
PEMBROKE PINES, FL 33026

Current Mailing Address:

701 PROMENADE DR
PEMBROKE PINES, FL 33026

New Mailing Address:

701 PROMENADE DR
SUITE 100
PEMBROKE PINES, FL 33026

FEI Number: 59-0524665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASSITER, WALTER
701 PROMENADE DR
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

LASSITER, WALTER
701 PROMENADE DR
SUITE 100
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIETOR, MICHAEL G
Address: 10400 GRIFFIN ROAD #303B
City-St-Zip: DAVIE, FL 33328

Title: VVD () Delete
Name: CHINELLY, JAMES A
Address: 5400 S UNIVERSITY DR SUITE 604
City-St-Zip: DAVIE, FL 33328

Title: DT () Delete
Name: SARLEY, DONALD J
Address: 5675 SW 111 TERR.
City-St-Zip: COOPER CITY, FL 33328

Title: M () Delete
Name: VALDEZ, WILLIAM
Address: 510 NW 89 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: GRANT, ARCHIBALD
Address: 1464 S PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: AGUDO, MARTI
Address: 10400 GRIFFIN ROAD #303B
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: VALDEZ, WILLIAM J
Address: 510 NW 89 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. VALDEZ

M

04/20/2009

Electronic Signature of Signing Officer or Director

Date