

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M38266 (6)  
1. Corporation Name  
PALM BEACH COUNTY COUNCIL OF REALTORS, INC.



Principal Place of Business  
3200 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON FL 33431

Mailing Address  
3200 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON FL 33431-6311

2. Principal Place of Business  
21 1200 U.S. HWY 1  
Suite, Apt. #, etc.  
22 NORTH PALM BEACH  
City & State  
23 1  
Zip  
24 33408 Country  
25 P.B.

2a. Mailing Address  
26 1200 U.S. HWY 1  
Suite, Apt. #, etc.  
27 NORTH PALM BEACH  
City & State  
28 1  
Zip  
29 33408 Country  
30 P.B.

3. Date Incorporated or Qualified  
09/12/1986

3a. Date of Last Report  
04/23/1996

4. FEI Number  
59-2787646

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
DULLAGHAN, ELIZABETH L  
3200 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON FL 33431

81 Name  
JOHN PODESTA  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 U.S. HWY 1  
83 NORTH PALM BEACH,  
84 City  
FL 85 Zip Code  
33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* PRES. *[Signature]* 3/14/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	GERAKOPVLOS, MARY	3200 N. MILITARY TRAIL, STE 100	BOCA RATON FL	<input checked="" type="checkbox"/>
	NANCY CARNEY	3700 E INDIANTOWN RD.	JUPITER FL	<input type="checkbox"/>
	DOS SANTOS, JEAN	901 W INDIANTOWN RD	JUPITER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	V.P. PODESTA, JOHN	1200 U.S. HWY 1	NORTH PALM BEACH, FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman Jean Dos Santos, Pres.* 3/11/97 561-747-7626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)