

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90031 050 \*\*\*\*61.25

**DOCUMENT # N06000002041**

1. Entity Name  
**SOCIETY OF INDUSTRIAL AND OFFICE REALTORS - FLORIDA CHAPTER, INC.**



Principal Place of Business  
**2504 SE WILLOUGHBY BLVD  
STUART, FL 34994**

Mailing Address  
**2504 SE WILLOUGHBY BLVD  
STUART, FL 34994**

00000001

2. Principal Place of Business - No P.O. Box #  
**2488 SE Willoughby Blvd**

3. Mailing Address  
**2488 SE Willoughby Blvd**

Suite, Apt. #, etc.



03072007 Chg-NP CR2E037 (12/06)

City & State  
**Stuart, FL**

City & State  
**Stuart, FL**

Zip  
**34994**

Country  
**Martin**

Zip  
**34994**

Country  
**Martin**

4. FEI Number  
**20-4369236**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRESE, GARY B  
930 S HARBOR CITY BLVD SUITE 505  
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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	D ULLIAN, MICHAEL S 1800 PENN STREET SUITE 11 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLIN, JEFFREY 2504 SE WILLOUGHBY BLVD STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHM, JOHN 3215 NW 10TH TERRACE SUITE 209 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOHN 10739 DEERWOOD PARK BLVD SUITE 103 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JEFF 9951 ATLANTIC BLVD SUITE 322 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: Jeffrey Chamberlin **JEFFREY CHAMBERLIN** **3/12/07** **772-220-7096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #