

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

01-11-2008 90052 001 ***183.75

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1. Entity Name
SOUTH FLORIDA ASSOCIATION OF REALTORS, INC



Principal Place of Business
701 PROMENADE DRIVE
PEMBROKE PINES, FL 33026

Mailing Address
701 PROMENADE DRIVE
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

Zip

Country

07092008

Chg-NP

CR2E037 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDEZ, WILLIAM "BILL"
701 PROMENADE DRIVE
PEMBROKE PINES, FL 33026

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

William S Valdez

WILLIAM VALDEZ

9 JULY 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 September 12, 2008

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

TITLE PD ☐ Delete
NAME SMITH, JOANN
STREET ADDRESS 5870 S. FLAMINGO ROAD
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE VPD ☐ Delete
NAME TERSIGNI, JOAN
STREET ADDRESS 5870 S. FLAMINGO ROAD
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE SD ☒ Delete
NAME MARKOWITZ, FRAN
STREET ADDRESS 3100 STIRLING ROAD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE TD ☐ Delete
NAME WIETOR, MIKE
STREET ADDRESS 10400 GRIFFIN ROAD, #303B
CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☐ Delete
NAME AGUDO, MARTI
STREET ADDRESS 10400 GRIFFIN ROAD, #303B
CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☐ Delete
NAME CHINELLY, JIM SR
STREET ADDRESS 5400 S. UNIVERSITY DR., STE. 604
CITY-ST-ZIP DAVIE, FL 33328

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME TERSIGNI, JOAN
STREET ADDRESS 600 N PINE ISLAND ROAD SUITE 150
CITY-ST-ZIP PLANTATION, FL 33324

TITLE VD ☒ Change ☐ Addition
NAME CHINELLY, JIM SR.
STREET ADDRESS 5400 S UNIVERSITY DR #604
CITY-ST-ZIP DAVIE, FL 33328

TITLE SD ☐ Change ☒ Addition
NAME SARLEY, DONALD
STREET ADDRESS 4624 HOLLYWOOD BLVD SUITE 203
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D ☒ Change ☐ Addition
NAME SMITH, JOANN
STREET ADDRESS 5870 S FLAMINGO ROAD
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Joan Tersigni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN TERSIGNI

9 JULY 2008

Date Daytime Phone #

66015327



954-431-5300