
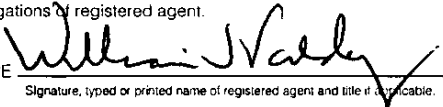
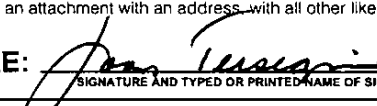


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-11-2008 90052 001 \*\*\*183.75

<b>DOCUMENT # N07000006274</b> 1. Entity Name SOUTH FLORIDA BOARD 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALDEZ, WILLIAM 701 PROMENADE DRIVE PEMBROKE PINES, FL 33026				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 VALDEZ		9 JULY 2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOANN		NAME	TERSIGNI, JOAN	
STREET ADDRESS	C/O 5870 S. FLAMINGO ROAD		STREET ADDRESS	600 N PINE ISLAND ROAD SUITE 150	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERSIGNI, JOAN		NAME	CHINELLY, JIM SR.	
STREET ADDRESS	C/O 5870 S. FLAMINGO ROAD		STREET ADDRESS	5400 S UNIVERSITY DR #604	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKOWITZ, FRAN		NAME	SARLEY, DONALD	
STREET ADDRESS	C/O 3100 STIRLING ROAD		STREET ADDRESS	4624 HOLLYWOOD BLVD SUITE 203	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIETOR, MIKE		NAME	SMITH, JOANN	
STREET ADDRESS	C/O 10400 GRIFFIN ROAD #303B		STREET ADDRESS	5870 S FLAMINGO ROAD	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	AGUDO, MARTI		NAME		
STREET ADDRESS	C/O 10400 GRIFFIN ROAD #303B		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	CHINELLY, JIM SR.		NAME		
STREET ADDRESS	C/O 5400 S. UNIVERSITY DRIVE #604		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		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		9 JULY 2008 954-431-5300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

66015325



07092008 Chg-NP CR2E037 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

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