

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUL -9 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N07000006799</b> 1. Entity Name <b>THE SOCIETY OF COMMERCIAL REALTORS OF GREATER FORT LAUDERDALE, INC.</b>					
Principal Place of Business <b>1765 NE 26TH ST WILTON MANORS, FL 33305</b>			Mailing Address <b>6840 NW 101 TERRACE PARKLAND, FL 33076</b>		
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	4. FEI Number <b>26-0509335</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KELNER, JOHN D ESQ. 4000 HOLLYWOOD BOULEVARD 455-SOUTH HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 I accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIM, STEPHEN A <input type="checkbox"/> Delete 1765 NE 26TH ST WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, WILLIAM F <input type="checkbox"/> Delete 1765 NE 26TH ST WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, KENNETH <input type="checkbox"/> Delete 1765 NE 26TH ST WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVRICH, MELODY R <input type="checkbox"/> Delete 1765 NE 26TH ST WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, TIM <input type="checkbox"/> Delete 1765 NE 26TH ST WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EINHORN, STEVE W <input type="checkbox"/> Delete 1765 NE 26TH ST WILTON MANORS, FL 33305				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
900132922499 07/15/08--01009--006 **\$61.25					
Treasurer <input checked="" 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: <u>Stephen A Heim</u> <b>Stephen A. Heim</b> <span style="float: right;">6/20/2008 954-489-3944</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					