2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2008 8:00 am DOCUMENT # N07000009815 Secretary of State 1. Entity Name 02-25-2008 90057 016 ****70.00 FLORIDA REAL ESTATE MARKETING ASSOCIATION. Principal Place of Business Mailing Address 120 EAST OAKLAND PARK BLVD. 120 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEGAULT, DONALD Street Address (P.O. Box Number is Not Acceptable) 120 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 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: Rexpistered Agent signature reduced when reinstaung) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be \Box Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Addition TITLE ☐ Delete MAPP, TIMOTHY NAME HAME 3120 SOUTHGATE CR STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SARASOTA FL 34239 CITY-ST-ZIP Change ☐ Addition ☐ Oelate TITLE TITLE LEGAULT, DONALD NAME STREET ADDRESS 120 EAST OAKLAND PARK BLVD. #105 STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP Deleta TITLE Change— ☐ Addition: TITLE NEFF, DAVID NAME NAME 3120 SOUTHGATE CR STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition THE TITLE WOLFF, JAMES NAME NAME STREET ADDRESS 1630 SE 3RD STREET STREET ARDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Change neilibbA 🔲 TIFLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.