NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13862

1. Corporation Name

FLORIDA CHAPTER OF CERTIFIED RESIDENTIAL SPECIAL IST OF RESIDENTIAL SALES COUNCIL OF RNMI, INCORP

Principal Place of Business
FLORIDA CRS CHAPTER
P.O. BOX 720370
ORLANDO FL 32872-0370
110

2. Principa Place of Business

21

Mailing Address

FLORIDA CRS CHAPTER P.O. BOX 720370 ORLANDO FL 32872-0370

2a. Mailing Address

26

FILED Apr 27, 1999 8:00 am § Secretary of State 04-27-1999 90055 029 ****61.25

3. Date ir corporated or Qualifed

03/17/1986

City & State 23	Suite, Apt. #, etc Suite, A		Suite, Apt. #, etc.	e, Apt. #, etc.			4. FEI NUMBER			Applied For	
City & State 23 25 29 20 30 55. Certificate of Status Desired \$8.75 Auditional 25 25 29 30 55.00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of the Weightstreed Agent 10. Name and Address of the We	22	27		- ·		59-2360743			Not Applicable		
20	City & S.ate	S:ate City & State					5. Certifcate of Status Desired		• • • • • • • • • • • • • • • • • • • •		
25		Country		Country	Country		ion Compaign Financing		\$5.00	Jan Da	
S. Name and Address of Currant Registered Agent	-	´	⊢	¬ ´		j.				•	
Name RICHARD HICKENBOTHAM	24)							Pagistarad		1 663	
MCNEIL, RITA B 13831 VECTOR AVE 518 13		9. Name and Address of Current	Registerea Agent	04	Name	IV. Nam	B AND ADDIESS OF HEW P	registered	Agent		
139 WALTON DRIVE STE 105 FT MYERS FL 33907				81	Name	RICHARD	HICKENBOTHAM				
STE 105 FT MYERS FL 33907	13831 VECTOR AVE				Street A	Address (P.O. Box Number is Not Acceptable)					
STE 105 FT MYERS FL 33907											
### City FORT WALTON BEACH ### as Zip Code ### Signature to the provisions of Sicitions 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or bight, in the State, of Florida, Such change was authorized by the corporation's board of illrectors. I hereby accept the approximent as registered agent, or bight, in the State, of Florida, Such change was authorized by the corporation's board of illrectors. I hereby accept the approximent as registered agent, or bight, in the State, of Florida, Such change was authorized by the corporation's board of illrectors. I hereby accept the approximent as registered agent, or bight, in the State, of Florida, Such change was authorized by the corporation's board of illrectors. I hereby accept the approximate agent and state is applicated. ### ACTIVARD HICKENBOTHAM ### A/21/99 Cofficers AND DIRECTORS 13.3											
11. Pursue into the provisions of Sicitions 617.0507 and 617.1508, Florida Stati, less, the above-named corporation submits this statement for the purpose of changing its registered agent, or byth, in the State of Florida, Such change was authoritized bythe corporation's board of directors. I hereby accept the approintment as registered office or registered agent, or byth, in the State of Florida, Such change was authoritized bythe corporation's board of directors. I hereby accept the approintment as registered office or registered agent, or byth, in the State of Florida, Such change was authoritized bythe corporation's board of directors. I hereby accept the approintment as registered office or registered agent, or byth, in the State of Florida, Such change was authoritized bythe corporation's board of directors. I hereby accept the approintment as registered office or registered agent. I am farming with a property and when the reinitized or a ADDITIONS/CHANGES TO OFFICERS NND DIRECTORS IN 12. 12.		S FI 33907		-					las Zin C		
SIGNATUFE Signature, typed Segretary in the State of Florida, Such change was authorized by the corporation's board of infectors. In fereinly accept the apptication of agent, and famility with only deport and sea it applicable. Note: Register of Applications	•				,			<u>FL</u>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 mle P/D	office or re agent. I ar SIGNATURE	egistered agent or both, in the State of m familiar with land addept the obligat	f Florida. Such change was authons of, Section 617.0503, Florida	nonzed by a Statutes R	the corpor ICHARD	HICKENE	OTHAM	4/21/9	панет аз гед	egistered istered	
TILE			· · · · · · · · · · · · · · · · · · ·		r aduama ied				D DIRECTOR	RS IN 12	
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TITLE	NAME			1							
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MAME	CITY-ST-ZIP			•			LITON BEACH FL	3234	 	- Addition	
139 WALTON DRIVE	TITLE	· •	_) DELETE	2.1 TITLE		V/D			[X] Change	☐ Addition	
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SD											
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			6.4 CITY-S	T-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indica ed on this annual report or supplemental annual 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 12 or Block 13 if chapped, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DECLUIREDRICHARD HICKENBOTHAM