

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N22230** (9)

1. Corporation Name

**REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE C  
HARITABLE FOUNDATION, INC.**

|                                                                                       |                                                                                       |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business                                                           | Mailing Address                                                                       |
| C/O DANIEL H LINDBLADE CAE<br>1765 N.E. 26TH STREET<br>FORT LAUDERDALE FL 33305<br>US | C/O DANIEL H LINDBLADE CAE<br>1765 N.E. 26TH STREET<br>FORT LAUDERDALE FL 33305<br>US |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 25 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

3. Date Incorporated or Qualified

**08/17/1987**

4. FEI Number

**65-0003512**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**LINDBLADE, DANIEL H CAE  
1765 NE 26TH ST  
FT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Daniel H. Lindblade*

**DANIEL H. LINDBLADE, CAE**

**JANUARY 19, 1998**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>P</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>CLAUDETTE BRUCK</b>         |                                 |
| STREET ADDRESS | <b>6610 N UNIV DR, STE 200</b> |                                 |
| CITY-ST-ZIP    | <b>TAMARAC FL</b>              |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>JAMES NALL</b>        |                                 |
| STREET ADDRESS | <b>716 NE 25 WAY</b>     |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b> |                                 |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>VP</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>ANDERSON, MYRTLE T</b> |                                 |
| STREET ADDRESS | <b>1635 S MIAMI RD #1</b> |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>   |                                 |

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>ST</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>JOSEPH R MILLSAPS</b>     |                                 |
| STREET ADDRESS | <b>871 E COMMERCIAL BLVD</b> |                                 |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL</b>    |                                 |

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>BALISTRERI</b>             |                                 |
| STREET ADDRESS | <b>1350 N FEDERAL HIGHWAY</b> |                                 |
| CITY-ST-ZIP    | <b>LIGHTHOUSE POINT FL</b>    |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | <b>4611 NE 25 AVE</b>                                                        |
| 2.4 CITY-ST-ZIP    | <b>FT LAUDERDALE, FL 33308</b>                                               |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS | <b>901 SE 17 ST., #206</b>                                                   |
| 3.4 CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33316</b>                                                |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>BALISTRERI, JAMES M.</b>                                                  |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-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 indicated 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 changed, or on an attachment with an address.

SIGNATURE:

*Claudette Bruck*

**CLAUDETTE BRUCK**

**1/19/98**

**(954) 722-0020**

CR2E037 (10/97)