


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 AM 8:30

DOCUMENT # N30124 1. Entity Name FLORIDA ASSOCIATION OF PROPERTY APPRAISERS, INC.					
Principal Place of Business 403 E PARK AVENUE TALLAHASSEE, FL 32301 US			Mailing Address P.O. BOX 11275 TALLAHASSEE, FL 32302-1275 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0098016			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLEAVER, MARTHA W. 403 EAST PARK AVENUE TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIKOLITS, GARY 301 NORTH OLIVE AVENUE, 5TH FLOOR WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTON, JIM 231 E. FORSYTH STREET, ROOM 270 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 100077738551 07/19/06--01060--016 **61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONEGAN, BILL 200 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Outland, Sharon 4030 Lewis Speedway, #203 St. Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MAZOUREK, ALVIN 201 HOWELL AVE., STE 300 BROOKSVILLE, FL 346011891		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, David 1101 East First Street Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKNEY, CHARLES E 915 4TH AVENUE, WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacobs, Frank 111 N.W. 1st Street, #710 Miami, FL 33128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DESQUIN, V. FRANK 18500 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <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: _____		James N. Overton Treasurer		7/10/06 904/630-2012 Date Daytime Phone #	