

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N39898**

(4)

1. Corporation Name

**ASSOCIATION OF COMMERCIAL REAL ESTATE WOMEN, INC**



Principal Place of Business

Mailing Address

% DELAYNE SIGERMAN  
7955 NW 12 STREET SUITE 119  
MIAMI FL 33126  
US

% FIRST COMMERCIAL REALTY INC  
7855 NW 12TH STREET SUITE 218  
MIAMI FL 33126  
US

3. Date Incorporated or Qualified  
**09/07/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Delayne Sigerman**  
Suite, Apt. #, etc.

26 **Adler First Commercial**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0220883**

Applied For  
Not Applicable

22 **1400 NW 107th Avenue**

27 **1400 NW 107th Avenue**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33172**

25 **Dade**

29 **33172**

30 **Dade**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIGERMAN, DELAYNE  
C/O FIRST COMMERCIAL REALTY, INC  
7955 NW 12 STREET SUITE 119  
MIAMI FL 33126

81 Name  
**Delayne Sigerman**

82 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Adler First Commercial Realty**

83 **1400 NW 107th Avenue**

84 City  
**Miami**

FL

85 Zip Code  
**33172**

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 617.0603, Florida Statutes.

SIGNATURE

*Delayne Sigerman*

(NOTE: Registered Agent signature required when reinstating)

**2/12/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
SOMON, JOANN  
2665 S BAYSHORE DRIVE SUITE 1002  
MIAMI FL ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**Joann Soman**  
**8181 NW 14th Street**  
**Miami, Florida 33126**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SIGERMAN, DELAYNE  
7955 NW 12 STREET SUITE 119  
MIAMI FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**Delayne Sigerman**  
**1400 NW 107th Avenue**  
**Miami, Florida 33172**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
PASTROFF, NANCY  
10300 SUNSET DRIVE SUITE 135  
MIAMI FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
CHUPINA, LORI  
250 CATALONIA AVENUE SUITE 506  
CORAL GABLES FL ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**Lynn Carter-Wilson**  
**c/o Peter Lawrence Comm. Real Estate**  
**8780 NW 18th Terrace**  
**Miami, Florida 33172**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICHARDSON, SALLY  
1500 MIAMI CENTER  
MIAMI FL ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**Linda Adler**  
**Hornsby Sacher Zelman Stanto**  
**1401 Brickell Avenue, Mia, 33131**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/S  
JOY MCKENNA  
104 CRADON BLVD STE 300  
KEY BISCAYNE FL 33049 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Delayne Sigerman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/96 (305)392-403**

CR2E037 (12/95)