

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43504 (2)

1. Corporation Name

SARASOTA CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS OF THE NATIONAL ASSOCIATION OF REALTORS., I

Principal Place of Business

C/O SARASOTA BOARD OF REALTORS
P O BOX 25128
SARASOTA FL 34277
US

Mailing Address

C/O SARASOTA BOARD OF REALTORS
P O BOX 25128
SARASOTA FL 34277
US



3. Date Incorporated or Qualified

05/21/1991

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWIE, ROBERT
125 AVENIDA VENECCIA
SARASOTA FL 34242

81 Name

LINDA DUKOR

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

3118 LAKESIDE CIRCLE

83

84 City

PARRISH

FL

85 Zip Code

34219

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

LINDA DUKOR

6/10/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROBERTSON, MARY BETH
STREET ADDRESS 61 BLVD OF PRESIDENTS
CITY-ST-ZIP SARASOTA FL

☒ DELETE

1.1 TITLE PED.
1.2 NAME BETTE RUNNHE.
1.3 STREET ADDRESS 7751 BEE RIDGE RD
1.4 CITY-ST-ZIP SARASOTA, FL.

☐ Change ☒ Addition

TITLE PED
NAME WOODGER, VALERIE
STREET ADDRESS 1801 MAIN ST
CITY-ST-ZIP SARASOTA FL

☐ DELETE

2.1 TITLE PD
2.2 NAME WOODGER VALERIE
2.3 STREET ADDRESS 1801 MAIN ST
2.4 CITY-ST-ZIP SARASOTA, FL 34236

☒ Change ☒ Addition

TITLE CSD
NAME HEDGE, CHARLOTTE
STREET ADDRESS 7142 BENEVA RD
CITY-ST-ZIP SARASOTA FL

☒ DELETE

3.1 TITLE CSD
3.2 NAME NEZELEK, MARGIE
3.3 STREET ADDRESS 4121 BEE RIDGE ROAD
3.4 CITY-ST-ZIP SARASOTA FL 34233

☐ Change ☒ Addition

TITLE TD
NAME DOWIE, ROBERT
STREET ADDRESS 125 AVENIDA VENECCIA
CITY-ST-ZIP SARASOTA FL

☒ DELETE

4.1 TITLE TD
4.2 NAME LINDA DUKOR
4.3 STREET ADDRESS 3118 LAKESIDE CIRCLE
4.4 CITY-ST-ZIP PARRISH FL 34219

☒ Change ☒ Addition

TITLE VPD
NAME SMITH, NANCY
STREET ADDRESS 3701 OSPREY AVE
CITY-ST-ZIP SARASOTA FL

☒ DELETE

5.1 TITLE VPD
5.2 NAME DOWIE ROBERT
5.3 STREET ADDRESS 125 AVENIDA VENECCIA
5.4 CITY-ST-ZIP SARASOTA, FL

☐ Change ☒ Addition

TITLE SD
NAME CLEARY, NORENE
STREET ADDRESS 5449 CREEPING HAMMOCK DR
CITY-ST-ZIP SARASOTA FL

☒ DELETE

6.1 TITLE SD
6.2 NAME ANNIE JOHANSON
6.3 STREET ADDRESS 3731 KINGSTON BLVD
6.4 CITY-ST-ZIP SARASOTA, FL 34238

☐ 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:

LINDA DUKOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/96 944 954 5454

CR2E037 (12/95)