# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005 8:00 am**
**Secretary of State**
04-25-2005 90299 045 ****61.25

50043349

DOCUMENT # N94000002695

1. Entity Name
REALTOR ASSOCIATION OF GREATER MIAMI AND THE BEACHES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 700 S. ROYAL POINCIANA BLVD.<br>SUITE 400<br>MIAMI, FL 33166 | 700 S. ROYAL POINCIANA BLVD.<br>SUITE 400<br>MIAMI, FL 33166 |

04202005 Chg-NP CR2E037 (10/03)

| 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 59-0359750 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KINNEY, TERESA K<br>700 S. ROYAL POINCIANA BLVD.<br>SUITE 400<br>MIAMI, FL 33166 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | V<br>CHERNOFF, JAY R<br>2875 NE 191 ST., STE. 102<br>AVENTURA, FL 33180 | ☐ Delete | PD<br>19001 NE 20 Ct.<br>N.Miami Beach, Fl. 33179 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DEMARTINO, RALPH E<br>5161 COLLINS AVE #1217<br>MIAMI BEACH, FL 33140 | ☐ Delete | 5161 Collins Ave. #808 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BETANCOURT MORGAN, GAIL<br>24100 SW 123 AVE<br>PRINCETON, FL 33032 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>KING KINNEY, TERESA<br>700 S. ROYAL POINCIANA BLVD., #400<br>MIAMI, FL 33166 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DIXON, THOMAS J<br>3400 PAN AMERICAN DRIVE<br>MIAMI, FL 33133 | ☒ Delete | V<br>Dahne, Patricia E.<br>100 S. Pointe Drive #1001<br>Miami Beach, Fl. 33139 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Ameijeiras, Israel V.<br>3590 SW 146 Terr.<br>Miramar, Fl. 33027 | ☐ Delete | | ☐ Change ☒ Addition |

12. 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 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:** _____ 4/21/05 305-468-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #