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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000006324 (7)

WOMEN'S COUNCIL OF REALTORS DADE SOUTH CHAPTER, INC.



Principal Place of Business	Mailing Address
CENTURY 21 DADE CO 12681 S DIXIE HWY MIAMI FL 33156 US	8721 S.W. 188 ST MIAMI FL 33157 US

3. Date Incorporated or Qualified	12/28/1994
4. FEI Number	65-0454093
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address		
21 Century 21 Executive One	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 9485 Sunset Dr. #150-A	27 15004 SW 91 Terrace		
City & State	City & State		
23 Miami, Florida	28 Miami, Florida		
Zip	Country	Zip	Country
24 33173	25 USA	29 33196	30 USA

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A

9. Name and Address of Current Registered Agent

SHROYER, PAT
8721 S.W. 188 ST
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name	Sara Pecina
82 Street Address (P.O. Box Number is Not Acceptable)	15004 SW 91 Terrace
83	
84 City	Miami
85 State	FL
86 Zip Code	33196

11. Pursuant to the provisions of Sections 617.0302 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: Sara Pecina Sara Pecina DATE: 3/20/98

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	SHROYER, PAT	
STREET ADDRESS	8721 S.W. 188 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	PECINA, SARA	
STREET ADDRESS	5004 S.W. 91 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	SILONG, MARGARET	
STREET ADDRESS	11 E EDGEWATER DR, #5	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ERSKDUE, BARBARA	
STREET ADDRESS	5901 S.W. 74TH ST, #400	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOLINA-WOOD, DAWN	
STREET ADDRESS	11042 S.W. 129 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pecina, Sara	
1.3 STREET ADDRESS	15004 SW 91 Terr.	
1.4 CITY-ST-ZIP	Miami, FL 33196	
2.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Congdon, Jena	
2.3 STREET ADDRESS	8485 Miller Dr.	
2.4 CITY-ST-ZIP	Miami, FL 33156	
3.1 TITLE	P-ELECT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Harris, Paula	
3.3 STREET ADDRESS	12305 S. Dixie Hwy.	
3.4 CITY-ST-ZIP	Miami, FL 33176	
4.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sargetti, Barbara	
4.3 STREET ADDRESS	11941 S. Dixie Hwy. #201	
4.4 CITY-ST-ZIP	Miami FL 33176	
5.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Riley, Annie	
5.3 STREET ADDRESS	9485 Sunset Dr. #170-A	
5.4 CITY-ST-ZIP	Miami, FL 33173	
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: Sara Pecina Sara Pecina DATE: 3/20/98 (305) 279-2121

CR2E037 (10/97)