FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000448

1. Corporation Name

ERA BAY AREA BROKER COUNCIL, INC.

Principal Place of Business 3118 GULF-TO-BAY BLVD., SUITE 201

2. Principal Place of Business

CLEARWATER FL 34619

21

Mailing Address

2a. Mailing Address

26

3118 GULF-TO-BAY BLVD.. SUITE 201 CLEARWATER FL 34619

FILED Apr 25, 1999 8:00 am Secretary of State

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| | | | | |
|--|--|--------------------------|---|--|

3. Date Incorporated or Qualifed

01/27/1997

| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | - 1 ' | 4. FEI Number | | | piled For | |
|---------------------------|---|-------------------------|----------------------|---|----------------|----------------------------------|----------------------------------|-------------------|-----------------|--|
| 27 | | | | 5 | | | 59-3436545 | | No | t-Applicable_ |
| City & State City & State | | te | | | | 5. Certificate of Status Desired | | \$8.75 A | | |
| 3 | | 28 | | | | | | | | <u>. </u> |
| Zip | Country | Zip | | ountry | | | 6. Election Campaign Financir | ng 🗆 | \$5.00 | |
| 4 | 25 | 29 | 30 | , | | L_ | Trust Fund Contribution | | Added t | o rees |
| | 9. Name and Address of Current R | egistered Agent | | 10. Name and Address of New Registered Agent 81 Name | | | | | | |
| | | | | | Name | | Tours I Compa | | | |
| KOUGL, Z | , | | | Joyce L. Geras 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 8970 SEM | | 2719 SR 580 | | | | | | | | |
| | HINOTE BLAD | | | 83 | | | | 1 11 | | |
| SUITE 1 | | | | | | | | | 85 Zip (| |
| SEMINOLE FL 33772 | | | | | Clearwater FL | | | | | ode 761 |
| 11. Pursuant | to the provisions of Sections 617.0502 a | nd 617,1508, Flo | rida Statutes, the | above | named co | ornorat | ion submits this statement for t | the purpose of | changing its | registered |
| -65 | co the provisions of Sections 617.0502 a egistered agent, or both, in the State of I m familiar with, and accept the obligation | Elorida Such cha | naa was alifhanzi | ז עם חפ | he corpora | ation's | board of directors. I hereby ac | cept the appoir | ntment as reg | gistered |
| SIGNATURE | | use | Treas | | 1- | | | <u>4//</u> 5 | 199 | |
| SIGNATURE | Stgnature typed in printed name of registered agent an | nd title if applicable. | (NOTE: Register | ed Agent | signature requ | uired who | n reinstating) | DATE | 5 0 DE 050 | DO 111 40 |
| 12. | OFFICERS AND | | 13 | 3. | | | ADDITIONS/CHANGES TO | OFFICERS AN | | |
| TITLE | PD | | DELETE 1.1 | TITLE | | PD | | | Change | Addition |
| NAME | GERDS, JOYCE | | 1.2 | NAME | | Sus | san Robertson | | | |
| STREET ADDRESS | 3165 MCMULLEN BOOTH RD SU | ITE 3 | 1.3 | STREET | ADORESS | 424 | S.Kings Ave. | | | |
| | CLEARWATER FL 33761 | | 1.4 | CITY-ST | .zıp E | Bran | don, FL 33511 | | | |
| CIFY-ST-ZIP TITLE | VPD | | | TITLE | | VPD | | | ☐ Change | Addition |
| NAME | DENNIS, JUANITA | • | | NAME | 1. | | n Sanders | | | • |
| STREET ADDRESS | 3118 GULF-TO-BAY BLVD., SUITE | 201 | 2.3 | STREET | 1 - | | 0 S.Manhattan Av | e. | 1 | A1. |
| | CLEARWATER FL 34619 | | . | CITY_ST | T-7IP | Tam | oaF133618 | | | |
| CITY-ST-ZIP TITLE | STD | | | TITLE | | STD | | | ☐ Change | Addition |
| | KROUGL, Z | • | 32 | NAME | ' | | una Camac | | | - |
| NAME | - | | | | ADDRESS | | yce Geras 19 SR 580 | | | |
| STREET ADDRESS | 8970 SEMINOLE BLVD | | | | i | _ | | 7.61 | | |
| CITY-ST-ZIP | SEMINOLE FL 33772 | | | CITY-ST | r-ziP | $\frac{P}{CT}$ | earwater, FL 33 | 761 | Change | Addition |
| TITLE | D STON BOWN B | | · · | TITLE | 11 | Bri: | an P. Buxton | | | |
| NAME | BUXTON, BRIAN P | | | NAME | - 1. | | 3 Gulf To Bay Bl | vd #201 | | |
| STREET ADDRESS | 3118 GULF-TO-BAY BLVD., SUITE | : 201 | | | 700.00 | | arwater, Fl. 346 | | | |
| CITY-ST-ZIP | CLEARWATER FL 34619 | | | CITY-ST | -ZIP | | itwater, Fr. 340 | 12 | Change | ☐ Addition |
| TITLE | D | Ц | | TITLE | | D | | | □ cuange | Addition |
| NAME | POLO, MARIO | | I | NAME | | Mai | rio Polo | 1*** #701 | | |
| STREET ADDRESS | 3118 GULF-TO-BAY BLVD., SUITE | E 201 | 5.3 | STREET | ADDRESS | | 18 Gulf to Bay B | | | |
| CITY-ST-ZIP | CLEARWATER FL 34619 | | 5.4 | CITY-ST | r-ZIP | | earwater , FL 3 | 4619 | | |
| TITLE | D | | DELETE 6.1 | TITLE | | D | | | ☐ Change | ☐ Addition |
| NAME | LAMBRECHT, CARL K | | 6.2 | NAME | | Car | rl K. Lambrecht | | | |
| STREET ADDRESS | | ≘ 201 | 6.3 | STREET | ADDRESS | 31 | 18 Gulf to Bay B | lvd #201 | | |
| CITY, ST. 7ID | CLEARWATER EL 34619 | | | CITY-ST | | Cle | earwater, FL. 34 | 619 | | |
| 14. I hereby o | certify that the information supplied with | this filing does no | t qualify for the ex | kempti | on stated in | in Sect | ion 119.07(3)(i), Florida Statut | es. I further cer | tify that the i | nformation |

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 it is 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4//5/99 727-791-8/08 Date Daytime Phone #