

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 024 ****61.25

DOCUMENT # N97000000448

1. Entity Name
ERA BAY AREA BROKER COUNCIL, INC.



Principal Place of Business
147 N BELCHER ROAD
C/O ERA BUXTON PROPERTIES
LARGO, FL 33771

Mailing Address
147 N BELCHER ROAD
C/O ERA BUXTON PROPERTIES
LARGO, FL 33771

40079053



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3436545

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUXTON, BRIAN P
147 N. BELCHER ROAD
STE. 2
LARGO, FL 33771

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	ST TD
NAME	BUXTON, BRIAN P
STREET ADDRESS	147 N. BELCHER RD. STE 2
CITY-ST-ZIP	LARGO, FL 33771
TITLE	SD PD
NAME	LAMBRECHT, GARY PAPPA, GERALD
STREET ADDRESS	4700 9TH STREET 8565 W. LINEBAUGH AVE
CITY-ST-ZIP	ST PETERSBURG, FL 33704 TAMPA, FL 33625
TITLE	ST VD
NAME	SHORTS, JEAN STRATTON, CARL
STREET ADDRESS	1022 LAND O'LAKES BLVD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian P. Buxton

4-12-07

Date

727/538-6034

Daytime Phone #