

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90063 013 ****61.25

DOCUMENT # N97000002675

1. Corporation Name

THE FOUNDATION OF REAL ESTATE APPRAISERS, INC.

Principal Place of Business

4907 MORENA BLVD.
SUITE 1415
SAN DIEGO CA 92117

Mailing Address

4907 MORENA BLVD.
SUITE 1415
SAN DIEGO CA 92117



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

58-2319057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, GRAEME H
360 CENTRAL AVENUE
SUITE 1705
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DEAN, TOMMY M**
STREET ADDRESS **333 BIA DE VISTA**
CITY-ST-ZIP **SOLANA BEACH CA 92075**

TITLE **DVP** ☐ DELETE

NAME **BRAUNER, DAVID**
STREET ADDRESS **4248 ARAGON DR**
CITY-ST-ZIP **SAN DIEGO CA 92115**

TITLE **STD** ☐ DELETE

NAME **SOTO, TERISA**
STREET ADDRESS **17161 ALVA RD 1326**
CITY-ST-ZIP **SAN DIEGO CA 92127**

TITLE **T** ☐ DELETE

NAME **LEHMAN, DAN**
STREET ADDRESS **1717 SASCONY RD**
CITY-ST-ZIP **LEUCADIA CA 92024**

TITLE **T** ☐ DELETE

NAME **HAMMOCK, TONY**
STREET ADDRESS **305 C BIMINI CT**
CITY-ST-ZIP **LITTLE RIVER SC 29566**

TITLE **T** ☐ DELETE

NAME **BONNY, NIGEL**
STREET ADDRESS **7749 PREMIVERA WAY**
CITY-ST-ZIP **CARLSBAD CA 92009**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/99 619483
2480

Date

Daytime Phone #

CR2E037 (1/98)

0082472