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Secretary of State
05-05-2004 90251 046 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003769

1. Entity Name
THE BROWARD TEACHERS UNION LOCAL 1975 REAL ESTATE TITLE HOLDING CORPORATION

Principal Place of Business	Mailing Address
6000 NNIVERSITY DR TAMARAC, FL 33321 US	6000 NNIVERSITY DR TAMARAC, FL 33321 US

44044505

04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0846452
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Arlene M. Marotta
Broward Teachers Union
6000 N.University Drive
Tamarac Florida 33321

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: Arlene M. Marotta — Arlene M. Marotta — 5/1/04
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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTERAMO, PATRICK A
STREET ADDRESS	441 SE 3RD ST, #602
CITY-ST-ZIP	DANIA, FL 33004
TITLE	VPD
NAME	SCHULZ, BERNIE
STREET ADDRESS	1454 NW 105TH AVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	ST
NAME	VIRGILLITO, RONNEY
STREET ADDRESS	2315 NW 187 AV
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patrick A. Santeramo — Patrick A. Santeramo — 954-486-6250 — 5/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #