

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


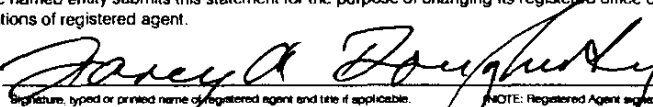
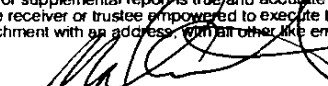
**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90039 028 \*\*\*\*61.25

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01152008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N99000003316</b>					
1. Entity Name <b>REALTORS COMMERCIAL ALLIANCE OF THE REALTORS ASSOCIATION OF THE PALM BEACHES, INC.</b>					
Principal Place of Business <b>3200 N MILITARY TRAIL STE 110 BOCA RATON, FL 33431</b>			Mailing Address <b>3200 N MILITARY TRAIL STE 110 BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0939445</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COZART, WILLIAM 1926 10TH AVENUE NORTH SUITE 410 LAKE WORTH, FL 33461			Name <b>Darcy Dougherty</b> Street Address (P.O. Box Number is Not Acceptable) <b>1926 10th Ave. North</b> <b>Suite 410</b> City <b>Lake Worth</b> FL Zip Code <b>33461</b>		
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 			DATE <b>1/15/08</b>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIACCIA, THEODORE 6360 NW 5 WAY SUITE 100 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIACCIA, THEODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELAEZ, CAMILLE 6700 NW BROKEN SOUND PKWY SUITE 201 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABIB, MARK 1655 Palm Beach Lakes Blvd. #208 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, BRIAN 10130 NORTHLAKE BLVD SUITE 214 WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, ROBERT 622 Banyan Trail Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTWELL, MICHAEL 5601 CORPORATE WAY SUITE 404 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTWELL, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, DUANE 235 RUSSIYN DR WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, CHRISTINA 1802 N. Fed. Hwy. Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, JOHN 8233-18 GATOR LN ROYAL PALMS, FL 33411	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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, email or other like empowered.					
SIGNATURE: 			DATE <b>1/15/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>561-596-6926</b>		