2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003316

FILED Feb 16, 2011 Secretary of State

Entity Name: REALTORS COMMERCIAL ALLIANCE OF THE REALTORS ASSOCIATION OF THE PALM BEACHES,

INC

Current Principal Place of Business: New Principal Place of Business:

3200 N MILITARY TRAIL 1926 10TH AVE. N.

STE 110 STE 410

BOCA RATON, FL 33431 US LAKE WORTH, FL 33461 US

Current Mailing Address: New Mailing Address:

3200 N MILITARY TRAIL 1926 10TH AVE. N.

STE 110 STE 410

BOCA RATON, FL 33431 US LAKE WORTH, FL 33461 US

FEI Number: 65-0939445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRAUSE, BELINDA G EXEC. D KRAUSE, BELINDA G EXEC. D

3200 N. MILITARY TRAIL 1926 10TH AVE. N.

SUITE 110 SUITE 410

BOCA RATON, FL 33431 US LAKE WORTH, FL 33461 US

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.

SIGNATURE: BELINDA KRAUSE 02/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: HABIB, MARK Address: P.O. BOX 740242

City-St-Zip: BOYNTON BEACH, FL 33474

Title: P

Name: MORRISON-PEARCE, CHRISTINA
Address: 1450 SW 10TH ST., SUITE 8
City-St-Zip: DELRAY BEACH, FL 33444

Title: S

Name: GOLDSTEIN, ROBERT
Address: 622 BANYAN TRAIL
City-St-Zip: BOCA RATON, FL 33431

Title:

Name: BARBAR, ANTHONY

Address: 4800 N. FEDERAL HWY., STE. B105

City-St-Zip: BOCA RATON, FL 33431

Title:

Name: BUSH, CAROL

Address: 600 SANDTREE DR., # 109 City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: [

Name: CANTWELL, MICHAEL

Address: 4246 OKEECHOBEE BLVD., STE. 101 City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA MORRISON PEARCE P 02/16/2011