


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 004 ***150.00

DOCUMENT # P99000008829		
1. Entity Name CLARION REALTY GROUP, INC.		

Principal Place of Business 800 EAST BROWARD BLVD SUITE 302 FORT LAUDERDALE, FL 33301	Mailing Address 800 EAST BROWARD BLVD SUITE 302 FORT LAUDERDALE, FL 33301
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60040101



2. Principal Place of Business - No P.O. Box # 2950 W. CYPRESS CREEK RD Suite, Apt. #, etc. SUITE 300 City & State FORT LAUDERDALE FL. Zip 33309 Country BROWARD	3. Mailing Address 2950 W. CYPRESS CREEK RD Suite, Apt. #, etc. SUITE 300 City & State FORT LAUDERDALE, FL Zip 33309 Country BROWARD
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09032008 Chg-P CR2E034 (12/06)


4. FEI Number 65-0894716	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAY, J ROBERT 800 EAST BROWARD BLVD SUITE302 FORT LAUDERDALE, FL 33301
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7. Name and Address of New Registered Agent Name DAY, J. ROBERT Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK RD. SUITE 300 City FORT LAUDERDALE FL Zip Code 33309
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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:  SEPT. 3, 2008
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, J. ROBERT 800 EAST BROWARD BLVD 302 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, J. ROBERT 2950 W. CYPRESS CREEK RD - #300 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIERS, DAVID G 800 EAST BROWARD BLVD FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIERS, DAVID G 2950 W. CYPRESS CREEK RD #300 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 607, 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:  SEPT 3, 2008 954-944-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #