

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001417

Entity Name: PINELLAS REALTOR FOUNDATION INC.**Current Principal Place of Business:**4590 ULMERTON ROAD
CLEARWATER, FL 33762**Current Mailing Address:**4590 ULMERTON ROAD
CLEARWATER, FL 33762**FEI Number:** 31-6638773**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BENNETT, DAVID B
4590 ULMERTON ROAD
CLEARWATER, FL 33762 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BENNETT, DAVID B
Address 4590 ULMERTON ROAD
City-State-Zip: CLEARWATER FL 33762

Title TRUSTEE
Name ADAMO, VICTOR
Address 8200 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772

Title TRUSTEE
Name GABBARD, BRANDI
Address 1390 87TH AVENUE N
City-State-Zip: ST PETERSBURG FL 33702

Title TRUSTEE
Name IVERS, PAT
Address 5400 PARK ST #409
City-State-Zip: ST. PETERSBURG FL 33709

Title TRUSTEE
Name SARKISIAN, LEON
Address 13515 CLAREDON STREET
City-State-Zip: SEMINOLE FL 33776

Title TRUSTEE
Name SMITH, HEATHER
Address 10216 TARPON DRIVE
City-State-Zip: TREASURE ISLAND FL 33706

Title TRUSTEE
Name BATDORF, KEVIN L
Address 1801 NEVADA AVENUE NE
City-State-Zip: ST. PETERSBURG FL 33703

Title FINANCE DIRECTOR
Name OLMSTEAD, ROBERT
Address 6550 150TH AVENUE N K102
City-State-Zip: CLEARWATER FL 33760

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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: ROBERT OLMSTEAD**FINANCE DIRECTOR****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIR
Name ROVILLO, MELINDA
Address 11895 WALKER AVENUE
City-State-Zip: SEMINOLE FL 33772

Title TRUSTEE
Name ROGERS, PHILIP
Address 4056 SALEM SQUARE COURT
City-State-Zip: PALM HARBOR FL 34685