

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003345

Entity Name: SOUTH FLORIDA BOARD OF REALTISTS WOMEN'S COUNCIL, INC.**FILED**
May 01, 2025
Secretary of State
4884716363CC**Current Principal Place of Business:**610 NW 183RD ST 206
MIAMI GARDENS, FL 33169**Current Mailing Address:**610 NW 183RD ST 206
MIAMI GARDENS, FL 33169**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCLENNON, SHARON
610 NW 183RD ST 206
MIAMI GARDENS, FL 33169 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:** SHARON MCLENNON

05/01/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LEWIS, KAREN
Address	610 NW 183RD ST 206
City-State-Zip:	MIAMI GARDENS FL 33169

Title	DIRECTOR
Name	HAYES, ALICIA
Address	610 NW 183RD ST 206
City-State-Zip:	MIAMI GARDENS FL 33169

Title	TREASURER
Name	SOMAN, TRISHA
Address	610 NW 183RD ST 206
City-State-Zip:	MIAMI GARDENS FL 33169

Title	DIRECTOR
Name	FELTON, DANNY
Address	610 NW 183RD ST 206
City-State-Zip:	MIAMI GARDENS FL 33169

Title	SECRETARY
Name	MORELAND, MARSHELLE
Address	610 NW 183RD ST 206
City-State-Zip:	MIAMI GARDENS FL 33169

Title	DIRECTOR
Name	MCLENNON, SHARON
Address	610 NW 183 ST, STE 206
City-State-Zip:	MIAMI GARDENS FL 33169

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: SHARON MCLENNON**DIRECTOR**

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date