

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 039 ***150.00

DOCUMENT # F06000004640

1. Entity Name

ASSOCIATES MORTGAGE CORP. OF CORAL SPRINGS



Principal Place of Business

9199 REISTERSTOWN RD - STE 202-B
OWINGS MILLS MD 21117

Mailing Address

9199 REISTERSTOWN RD - STE 202-B
OWINGS MILLS MD 21117



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2449407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUDIS, LUDMILA
12748 NW 18TH MANOR
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ludmila Gudis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: WASHIEWICZ, DENNIS J
STREET ADDRESS: 9199 REISTERSTOWN RD - STE 202-B
CITY, ST, ZIP: OWINGS MILLS MD 21117 ☐ Delete

TITLE: VPD
NAME: CHITIKOV, ANDRE
STREET ADDRESS: 9199 REISTERSTOWN RD - STE 202-B
CITY, ST, ZIP: OWINGS MILLS MD 21117 ☒ Delete

TITLE:
NAME:
STREET ADDRESS:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Change ☐ Addition

TITLE:
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STREET ADDRESS:
CITY, ST, ZIP:
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CITY, ST, ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dennis Waskiewicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prost

1/31/07

Date

410-356-9993

Daytime Phone #