

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701167

**Entity Name:** FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**Current Principal Place of Business:**1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301**Current Mailing Address:**1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301 US**FEI Number:** 23-7306295**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GROSVENOR, MELISSA A  
1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301 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	IMMEDIATE PAST PRESIDENT/DIRECTOR
Name	NORIEGA, CARL A
Address	2690 WESTON ROAD SUITE 200
City-State-Zip:	WESTON FL 33331
Title	PRESIDENT-ELECT/DIRECTOR
Name	KANE, DAVID W JR.
Address	2214 SW 12TH PLACE
City-State-Zip:	CAPE CORAL FL 33991
Title	SECRETARY/DIRECTOR
Name	TURNER, DOUGLAS L
Address	1150 DOUGLAS AVENUE SUITE 2020
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PRESIDENT/DIRECTOR
Name	SAUNDERS, VALERIE J
Address	11555 CENTRAL PARKWAY SUITE 103
City-State-Zip:	JACKSONVILLE FL 32224
Title	VICE PRESIDENT/DIRECTOR
Name	HALTER, PAUL
Address	8825 PERIMETER PARK BOULEVARD SUITE 201
City-State-Zip:	JACKSONVILLE FL 32216
Title	TREASURER/DIRECTOR
Name	MARTIN, MARIE
Address	1978 ROCKLEDGE BOULEVARD SUITE 107-B
City-State-Zip:	ROCKLEDGE FL 32955

*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:** VALERIE SAUNDERS**PRESIDENT****05/01/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date