

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


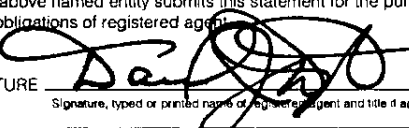
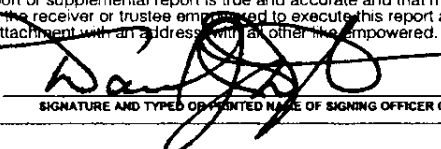
FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90031 035 ****61.25

DOCUMENT # N04334 1. Entity Name MORTGAGE BANKERS ASSOCIATION OF TAMPA BAY, INC.					
Principal Place of Business 9738 REYNOSA DR. NEW PORT RICHEY, FL 34655			Mailing Address PO BOX 21977 TAMPA, FL 33622-1977		
2. Principal Place of Business - No P.O. Box # 9738 REYNOSA DR Suite, Apt. #, etc.		3. Mailing Address PO Box 21977 Suite, Apt. #, etc.			
City & State New Port Richey FL Zip 34655		City & State Tampa FL Zip 33622		4. FEI Number 59-2559615 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, CONRAD M 4515 FERNOCROFT CIRCLE TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Dan Duplantis Street Address (P.O. Box Number is Not Acceptable) 9328 Sunny Oak Dr City Riverview FL Zip Code 33569	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, CONRAD M 4515 FERNOCROFT CIRCLE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past President Conrad Johnson 4515 Ferncroft Circle Tampa FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONOLLY, MARC 4919 INDEPENDENCE PKWY. TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dan Duplantis 9328 Sunny Oak Dr Riverview FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD KESLAR, RANDY W 9738 REYNOSA DR. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President STEVE Chapman 2539-1 Countryside Blvd Clearwater FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, DEANNA 3450 BUICHWOOD PARK DR, 300 TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer MANDAY Johnson 5640 DOLARES DR Holiday FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD CHLUDZEWSKI, JOHN 8578 GUNN HWY #186 ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec Retary CHRISTA Hubble 2650 McCormick DR #200 Clearwater FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKINNER, DEBORAH 1410 N. WESTSHORE BLVD. STE. 700 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Randy Keslar 9738 Reynosa Dr New Port Richey FL 34655	<input checked="" 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and that I am empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
3/30/08 8136717169 Date Daytime Phone #					

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N04334 1. Entity Name MORTGAGE BANKERS ASSOCIATION OF TAMPA BAY, INC.					
Principal Place of Business 9738 REYNOSA DR. NEW PORT RICHEY, FL 34655				Mailing Address PO BOX 21977 TAMPA, FL 33622-1977	
2. Principal Place of Business - No P.O. Box # 9738 Reynosa Dr		3. Mailing Address PO BOX 21977		<div style="font-size: 2em; font-family: cursive;">40057290</div>	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 			
City & State New Port Richey		City & State Tampa FL			
Zip 34655		Zip 33622		4. FEI Number 59-2559615	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, CONRAD M 4515 FERNCROFT CIRCLE TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Dan Duplantis Street Address (P.O. Box Number is Not Acceptable) 9328 Sunny Oak Dr City Riverview FL Zip Code 33569	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 3/30/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P <input checked="" type="checkbox"/> Delete	NAME JOHNSON, CONRAD M		TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME John Chludzinski	
STREET ADDRESS 4515 FERNCROFT CIRCLE	CITY-ST-ZIP TAMPA, FL 33629		STREET ADDRESS 1853 Gunn Highway #166	CITY-ST-ZIP Tampa FL 33626	
TITLE V <input checked="" type="checkbox"/> Delete	NAME CONOLLY, MARC		TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Ailyn Gcer	
STREET ADDRESS 4919 INDEPENDENCE PKWY.	CITY-ST-ZIP TAMPA, FL 33634		STREET ADDRESS 4600 Roger Blvd #100	CITY-ST-ZIP ST PETERS, FL 33702	
TITLE PPD <input checked="" type="checkbox"/> Delete	NAME KESLAR, RANDY W		TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Deanna Crawford	
STREET ADDRESS 9738 REYNOSA DR.	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		STREET ADDRESS 3450 Buschwood Park Dr #300	CITY-ST-ZIP TAMPA, FL 33618	
TITLE D <input checked="" type="checkbox"/> Delete	NAME HAWKINS, DEANNA		TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Deanna Kase	
STREET ADDRESS 3450 BUICHWOOD PARK DR, 300	CITY-ST-ZIP TAMPA, FL 33618		STREET ADDRESS 8712 Maple Pond Ct	CITY-ST-ZIP TRINITY, FL 34655	
TITLE PPD <input checked="" type="checkbox"/> Delete	NAME CHLUDZEWSKI, JOHN		TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CINDY MAXIE	
STREET ADDRESS 8578 GUNN HWY #186	CITY-ST-ZIP ODESSA, FL 33556		STREET ADDRESS 2909 W. Bay to Bay Blvd STE. 400	CITY-ST-ZIP Tampa FL 33629	
TITLE TD <input checked="" type="checkbox"/> Delete	NAME SKINNER, DEBORAH		TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEBBIE SKINNER	
STREET ADDRESS 1410 N. WESTSHORE BLVD. STE. 700	CITY-ST-ZIP TAMPA, FL 33607		STREET ADDRESS 4102 W. Pearl Ave	CITY-ST-ZIP Tampa FL 33611	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and all other info empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 3/30/08 <small>Date</small> </div> <div style="width: 40%; text-align: right;"> 8/3 671 7169 <small>Daytime Phone #</small> </div> </div>		