

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003538

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** ASSOCIATION OF REVERSE MORTGAGE SPECIALISTS, INC.

**Current Principal Place of Business:**

660 NW 116TH STREET  
MIAMI, FL 33168 US

**New Principal Place of Business:**

**Current Mailing Address:**

660 NW 116TH STREET  
MIAMI, FL 33168 US

**New Mailing Address:**

15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027

**FEI Number:** 20-8276966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOCKE, NELSON  
15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

NCAS, LLC  
15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 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: NELSON A. LOCKE

02/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: LOCKE, NELSON  
Address: 660 NW 116TH STREET  
City-St-Zip: MIAMI, FL 33168 US

Title: DVP ( ) Delete  
Name: WEIGNER, SIDNEY F  
Address: 660 NW 116TH STREET  
City-St-Zip: MIAMI, FL 33168 US

Title: DVP (X) Delete  
Name: BATCH, LARRY  
Address: 660 NW 116TH STREET  
City-St-Zip: MIAMI, FL 33168 US

Title: DS (X) Delete  
Name: COOPER, VIRGINIA  
Address: 660 NW 116TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: D (X) Delete  
Name: HEARNshaw, CHARLES AND JEAN M.  
Address: 660 NW 116TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: D (X) Delete  
Name: ROTTMAN, REBECCA  
Address: 660 NW 116TH STREET  
City-St-Zip: MIAMI, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: COOPER, VIRGINIA  
Address: 660 NW 116TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NELSON A. LOCKE

DPT

02/27/2009

Electronic Signature of Signing Officer or Director

Date