

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002170

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF MORTGAGE PROFESSIONALS, INC.

**Current Principal Place of Business:**

1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 23-7306295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GROSVENOR, MELISSA A  
1292 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** TURLA, RENE M  
**Address:** 311 MAGNOLIA AVENUE  
**City-St-Zip:** MERRITT ISLAND, FL 32952

**Title:** PED  
**Name:** NORIEGA, CARL A  
**Address:** 1806 NORTH FLAMINGO ROAD, SUITE 280  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** VPD  
**Name:** MULLIGAN, TINA L  
**Address:** 11158 NW 19TH STREET  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** TD  
**Name:** KANE, DAVID W JR.  
**Address:** 2214 SW 12TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33991

**Title:** SD  
**Name:** PEEK, RICHARD E JR.  
**Address:** 7323 WINDING LAKE CIRCLE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** E/D  
**Name:** CICIONE, FRANK  
**Address:** 1292 CEDAR CENTER DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32301

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:** MELISSA A. GROSVENOR

COO

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date