2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State
03-02-2006 90006 042 ****61.25

DOCUMENT # N09514

1. Entity Name
MORTGAGE BANKERS ASSOCIATION OF FLORIDA

Principal Place of Business	Mailing Address
1133 W. MORSE BLVD. SUITE 201 WINTER PARK, FL 32789	1133 W. MORSE BLVD. SUITE 201 WINTER PARK, FL 32789

02142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1029259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEGAL-CROW, PAT 1133 W. MORSE BLVD. STE 201 WINTER PARK, FL 32789	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 _____ DATE
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PPD KELLY, LARRY 12684 CLASSIC DRIVE CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Chludzenski, John 7853 Gunn Highway, #166 Tampa, FL 33626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTELLANOS, RAY 9425 SUNSET DRIVE #233 MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD Castellanos, Ray 9425 Sunset Drive, #233 Miami, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ALLEN, TIM 787 FIFTH AVE S NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Allen, Tim 787 Fifth Avenue S. Naples, FL 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAXWELL, SCOTT 200 S ORANGE AVE ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Maxwell, Scott 200 S. Orange Avenue Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED NIEWOLD, ROSS 1062 SPRING CENTRE S # 223 APOPKA, FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Niewold, Ellen 2696 Hazel Grove Lane Oviedo, FL 32766	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALLAM, GREG 8850 N TANIANI TRAIL N NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Hallam, Greg 8850 N. Tamiami Trail N. Naples, FL 34108	☒ Change ☐ 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, with all other like empowered.

SIGNATURE: Ellen M Niewold 2/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #