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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90044 007 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N19952**

1. Corporation Name

**FLORIDA ASSOCIATION OF MORTGAGE BROKERS - PALM B EACHES CHAPTER, INC.**

Principal Place of Business

3716 VICTORIA DRIVE  
WEST PALM BEACH FL 33406  
US

Mailing Address

3716 VICTORIA DRIVE  
WEST PALM BEACH FL 33406  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/02/1987

4. FEI Number

65-0079632

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**ROGERS, KELLY**  
3716 VICTORIA DRIVE  
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SASSER, SUZANNE  
STREET ADDRESS 11398 W. OKEECHOBEE BLVD., SUITE 2  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE VPD ☐ DELETE

NAME GREEN, ROBERT  
STREET ADDRESS 2201 WEST HILLSBOROUGH BLVD.  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE TD ☐ DELETE

NAME SLATTERY, JOHN  
STREET ADDRESS 50 SOUTH US 1, SUITE 313  
CITY-ST-ZIP JUPITER FL 33477

TITLE SD ☐ DELETE

NAME ROGERS, KELLY  
STREET ADDRESS 3716 VICTORIA DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD Green, Robert  
1.3 STREET ADDRESS 1451 W. Cypress Creek Rd, # 300  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD Lou Higgins  
2.3 STREET ADDRESS 600 W. Hillsboro, Suite 515  
2.4 CITY-ST-ZIP Deerfield Beach FL 33441

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SD Karen Cozzolino  
4.3 STREET ADDRESS 2500 N. Military Trail #480  
4.4 CITY-ST-ZIP Boca Raton, FL 33431

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME M Kelly Rogers  
5.3 STREET ADDRESS 3716 Victoria Drive  
5.4 CITY-ST-ZIP West Palm Beach FL 33406

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)