

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22024** (6)

1. Corporation Name

**GOLD COAST CHAPTER OF THE FLORIDA ASSOCIATION OF
MORTGAGE BROKERS, INC.**



Principal Place of Business

Mailing Address

% LORENE BRIDGES
1282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301

% LORENE BRIDGES
1282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
08/13/1987

3a. Date of Last Report
08/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0137875

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIDGES, LORENE W
1282 PAUL RUSSELL RD
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **FERRIE, LYNN**
STREET ADDRESS **300 N.W. 82ND AVE, #404**
CITY-ST-ZIP **PLANTATION FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **MARK SCHAFTLEIN**
1.4 CITY-ST-ZIP **355 NE 5 AVE #4**
DELRAY BEACH, FL 33483

TITLE **VP** ☒ DELETE
NAME **PAUL BYER**
STREET ADDRESS **42 NW 27TH AVE #400**
CITY-ST-ZIP **MIAMI FL 33125**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **MARIANNE ARBULL/Director**
2.3 STREET ADDRESS **VICE PRESIDENT**
2.4 CITY-ST-ZIP **700 W. HILLSBORO BLVD. SUITE 204**
DEERFIELD BEACH, FL 33441

TITLE **T/D** ☐ DELETE
NAME **MITCHELL L. FROMM**
STREET ADDRESS **2300 W. SAMPLE RD #108**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **200001794572**
3.3 STREET ADDRESS **-04/25/96--01057--013**
3.4 CITY-ST-ZIP *****\$1.25**

TITLE **S/D** ☒ DELETE
NAME **JON FISHER**
STREET ADDRESS **10941 NW 10 CT**
CITY-ST-ZIP **PALNTATION FL 33322**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SECRETARY/Director**
4.3 STREET ADDRESS **PAM CRUISE**
4.4 CITY-ST-ZIP **700 W. HILLSBORO BLVD. SUITE 204**
DEERFIELD BEACH, FL 33441

TITLE **PE/D** ☒ DELETE
NAME **MARK SCHAFTLEIN**
STREET ADDRESS **355 NE 5 AVE #4**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **PRESIDENT-ELECT/Director**
5.3 STREET ADDRESS **PAUL BYER**
5.4 CITY-ST-ZIP **1451 W. CYPRUS CREEK RD SUITE 300**
FORT LAUDERDALE, FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **MITCHELL L. FROMM** 4-6-96 954-975-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)