

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90139 021 ****61.25

DOCUMENT # N22029

1. Entity Name

**SOUTHWEST CHAPTER OF THE FLORIDA ASSOCIATION
OF MORTGAGE BROKERS, INC.**



Principal Place of Business

C/O JOAN OLIVERIO P.A.
5443 SAN LUIS DR
FORT MYERS FL 33903

Mailing Address

C/O JOAN OLIVERIO P.A.
5443 SAN LUIS DR
FORT MYERS FL 33903



2. Principal Place of Business

C/O PATRICIA NEELY, PA
Suite, Apt. #, etc.
3522 SE 22ND PL

3. Mailing Address

C/O PATRICIA NEELY, PA
Suite, Apt. #, etc.
3522 SE 22ND PL

1st MOORE

CR2E037 (10/04)

City & State

CAPE CORAL FL

City & State

CAPE CORAL, FL

4. FEI Number

59-2949864

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SMITH, KAREN J
1292 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE ☐ Delete
NAME THOMPSON, BLAYNE
STREET ADDRESS 24106 YACHT CLUB BLVD
CITY-ST-ZIP PUNTA GORDA FL 33966

TITLE ☒ Delete
NAME FRIEDMAN, SCOTT
STREET ADDRESS 13391 GATEWAY DR #117
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ Delete
NAME FRONCEK, JULIANNE L
STREET ADDRESS 4410 SE 16TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME FELIEIANO, NICK
STREET ADDRESS 106 HANCOCK BRIDGE PKWY
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete
NAME BOLT, NANCY
STREET ADDRESS 6385 PRESIDENTIAL CT #104
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ Delete
NAME REDIC, JAMES
STREET ADDRESS 1100 5TH AVE S
CITY-ST-ZIP NAPLES FL 34102

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME 1336 BEN FRANKLIN DR #2F
STREET ADDRESS SAMSOA, FL 34236
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V.P. BETH KULBECKI
STREET ADDRESS 319 SW 19TH LN
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE ☐ Change ☒ Addition
NAME TREASURER DENISE TRUEBLOOD
STREET ADDRESS 4847 28TH ST SW
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PROS ELEC. DAVE KANE
STREET ADDRESS 1510 HANCOCK BRIDGE PK #5
CITY-ST-ZIP CAPE CORAL, FL 33990

12. 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 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:

Denise Trueblood

3/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #