NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #1. Corporation Name

N23878

(4)

MORTGAGE BANKERS ASSOCIATION OF BROWARD COUNTY,

Principal Place of Business Mailing Address						1011 01911 6:411 01811 01811 01011 01011 1001
Principal Pla	ace of Business	Mailing Address			, , , , , , , , , , , , , , , , , , ,	
4700 NW 2	2ND AVE.	4700 NW 2ND AVE.				
STE 203	ton ti 00404	STE. 203				
US BUCA HAT	TON FL 33431	BOCA RATON FL 33431 US			3. Date incorporated or Qualified	3a. Date of Last Report
					12/15/1987	03/02/1995
		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
L		26			-65 0077005 - 59-	2837667 Not Applicable
		Suite, Apt. #, etc.	, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			ree Required	
23		· ·	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation has liability for its	
24	25	29	30			Yes No
	9. Name and Address of Curre		11		10. Name and Address of New Re	
				Name		
CURILLA, JOSEPH J CAE			82	Stroot	Address (P.O. Box Number is Not Acceptable	a)
	NW 2ND AVE., STE. 203		62 Street Adi		Address (r.i.e. box Mariber is Not Acceptable	e,
BOCA RATON FL 33431			83			
			84	City		85 Zip Code
		···				
11. Pursuar or regis	nt to the provisions of Sections 617.050 tered agent, or both, in the State of Flo	32 and 617 1508, Florida Statutes rida. Sugn change was authorized	s, the above-r d by the corp	named co oration's	rporation submits this statement for the purp board of directors. I hereby accept the appo	pose of changing its registered office intment as registered agent. I am
familiar	with, and accept the obligations of, Sei	ction 61 0503, Florida Statutes	,			
SIGNATURE		wille			Janua	ry 26, 1996
12.		ND DIRECTORS	13.	it signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TILE	T D	DELETE	1 1 TITLE		7.22/110/10/07/11/02/07/07	Change Addition
NAME	SCHWARTZ, DARRELL	_	1.2 NAME			<u> </u>
STHEET ADDRES			1 3 STREET	ADDRESS		
CITY - ST - ZIP	POMPANO BE		1 4 CITY-S			
TITLE	SD	XX ELETE	2 1 TIFLE		Secretary	Change Addition
NAME	-BECKER, CLAUD E		2 2 NAME		Alan Robbins	A
STREET ADDRESS			2 3 STREET	ADDRESS	7545 N Kendall Dr Miami Fl	
CITY-SI-ZIP	-PEMBROKE-PINES FL		2 4 CITY-	ST-ZIP	7545 N Kendall Dr	MIAMI FI
TITLE	TD	DELETE	3.1 TITLE		Saud Sadeya	Change 🔲 Addition
NAME	-POMPANO BOH FL		3 2 NAME		Treasurer 290 NE 3rd Ave Ft Ldl Fl	
STREET ADDRES			3 3 STREET	ADDRESS		
CITY - ST - ZIP			3 4 CITY-5	ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE			Change Addition
NAME	MURATORE, VINCENT S		4. 2 NAME			
STREET ADDRES	1001 111 011 11000 0110011	RD.	4 3 STREET	ADDRESS		
CHTY-ST-ZIP	FT LAUDERDALE FL	Postere	4 4 CITY - S	T-ZIP		
TITLE	VP	₩ DELETE	5 1 TITLE		2nd VP	Change Addition
NAME	TEBALDI, MARY		5.2 NAME		Larry Kelly	
STREET ADDRESS - 1799 W. OAKLAND PARK BLVD.		5 3 STREET		12664 Classic Dr	Coral Sprgs Fl	
CITY - ST - ZIP	FT. LAUDERDALE FL	Postere	5 4 CITY - S	T-ZIP		
TITLE	VPD	DELETE	6 1 TITLE			Change Addition
NAME	- CADEYA, CAUD		6.2 NAME			
STREET ADDRESS			6 3 STREET			
CITY-ST-ZIF	FT. LAUDERDALE FL-		6 4 CITY - S	I - 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.

FOF SIGNAGO OFFICER OR DIRECTOR

SIGNATURE:

January 26, 1996 407 998-8486

CR2E037 (12/95)