

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N23878** (4)

1. Corporation Name

MORTGAGE BANKERS ASSOCIATION OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

**2915 PALM AIRE DR NO
POMPANO BCH FL 33069
US**

**2915 PALM AIRE DR NO
POMPANO BCH FL 33069
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BYER, PAUL A
2915 PALM AIRE DR NORTH
POMPANO BCH FL 33069**

3. Date Incorporated or Qualified

12/15/1987

4. FEI Number

65-0077338

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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	P	<input type="checkbox"/> DELETE
NAME	ROBBINS, ALAN	
STREET ADDRESS	1471 NW 104TH AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHILLER, W ROY	
STREET ADDRESS	315 IVY LN	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SADEYA, SAUD	
STREET ADDRESS	5317 NW 33RD AVE SUITE 208	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LURER, ROBERT H	
STREET ADDRESS	9800 NW 18TH ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYER, PAUL A	
STREET ADDRESS	2915 PALM AIRE DR NO	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLENN, BLAIR	
STREET ADDRESS	2820 NE 23RD ST	
CITY - ST - ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	W. ROY SCHILLER	
1.3 STREET ADDRESS	315 IVY LANE	
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL.	
2.1 TITLE	VICE PRESIDENT - DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BLAIR GLENN	
2.3 STREET ADDRESS	2820 NE 23RD ST	
2.4 CITY - ST - ZIP	POMPANO BEACH, FL.	
3.1 TITLE	TREASURER - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL A. BYER	
3.3 STREET ADDRESS	2915 PALM AIRE DR. NO.	
3.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33069	
4.1 TITLE	2ND VICE PRES. - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAUD SADEYA	
4.3 STREET ADDRESS	5317 N.W. 33RD AVE. - STE 208	
4.4 CITY - ST - ZIP	PLANTATION, FT. LAUDERDALE, FL.	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALAN ROBBINS	
5.3 STREET ADDRESS	1471 N.W. 104TH AVE.	
5.4 CITY - ST - ZIP	PLANTATION, FL.	
6.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KELLY ROGERS	
6.3 STREET ADDRESS	3716 VICTORIA DR.	
6.4 CITY - ST - ZIP	W. PALM BEACH, FL. 33406	

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.

SIGNATURE: **PAUL A. BYER**

4/13/98 954-584-8885

FILED
Apr 22 1998 8:00am
Secretary of State



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