FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N23878

MORTGAGE BANKERS ASSOCIATION OF BROWARD COUNTY. INC.

Principal Place of Business 2915 PALM AIRE DR NO POMPANO BCH FL 33069 US

2. Principal Place of Business

Mailing Address

2915 PALM AIRE DR NO POMPANO BCH FL 33069

2a. Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90040 008 ****61.25



3. Date Incorporated or Qualifed

12/15/1987

21	26				12/15/1987			
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Apt. #, etc.		4. FEI Number	App	lied For	
22	27				65-0077338	Not	Applicable	
City & Stat	/ & State City & State				5. Certificate of Status Desired	\$8.75 A		
23					or definidate of children browned	Fee Rec	luired	
Zip	CountryZipCo				6. Election Campaign Financing	\$5.00 t	· · · · · · · · · · · · · · · · · · ·	
24	25	29 30	<u> </u>		Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
	·		81	Name			İ	
BYER, PAUL A				82 Street Address (P.O. Box Number is Not Acceptable)				
2915 PALM AIRE DR NORTH				83				
POMPANO BCH FL 33069								
			84	City		85 Zip C	ode	
					<u>FL</u>			
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		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	▼ DELETE	1.1 TITLE	'	CONCIDED M	Change	Addition	
NAME	ROBBINS, ALAN 1		1.2 NAME		GREG-BEAM		[
STREET ADDRESS	DORESS 1471 NW 104TH AVE		1.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	PLANTATION FL		1.4 CfTY-\$1	r-ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE		DIRECTOR PAST PRES.	Change	☐ Addition	
NAME	SCHILLER, W ROY		2.2 NAME		W. ROY SCHILLER		}	
STREET ADDRESS	315 IVY LN		2.3 STREET	ADDRESS	3157VY, LALYE			
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-S	T-ZIP	WESTON, FL,			
TITLE	D	DELETE 3			DIRECTOR	Change ~	Addition	
NAME	SADEYA, SAUD		3.2 NAME	•	DAVID READONN	·	0	
STREET ADDRESS	5317 NW 33RD AVE SUITE 208		3.3 STREET	ADDRESS	ESIT N.W. 33KUHUE, S	7E, ZO	5	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-S	T-ZIP	FT, LAUDERDALE, FL	<i>∕</i> €		
TITLE	S	☐ DELETE	4.1 TITLE		,	Change	Addition	
NAME	ROGERS, KELLY		4. 2 NAME				ļ	
STREET ADDRESS	3716 VICTORIA DR.		4.3 STREET	ADDRESS			i	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		4.4 CITY-S	T-ZIP				
TITLE	TD	☐ DELETE 5.11				☐ Change	☐ Addition	
NAME	BYER, PAUL A		5.2 NAME				į	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-S	r-zip		<u> </u>		
TITLE	VPD	☐ DELETE	6.1 TITLE		PRESIDENT / DIAECTOR	Change	☐ Addition	
NAME	GLENN, BLAIR		6.2 NAME	-	BLAIR GLENN 2820 N.E. 23RD, ST.			
· · · -	2820 NE 23RD ST		6.3 STREET	TADDRESS	2820 N.E. 23RD, 51.			
CITY, ST. 7ID	POMPANO RCH EL		6.4 CITY-S	T-ZIP	POMPANO BEACH, 14			
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								

Interest certal that the information supplied with this limit does not qualify for the exemption stated in Section 113.07(5)(f), Fronda Statutes. Interfer certal that the finding 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 changes, or on an attachment with an appears, with all other like empowered.

SIGNATURE: