

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996-2-12-96

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DOCUMENT # N28397

(0)

1. Corporation Name

MORTGAGE BANKERS ASSOCIATION OF GREATER MIAMI, I
NC.



Principal Place of Business

Mailing Address

2601 S BAYSHORE DR
SUITE 250
COCONUT GROVE FL 33133
US

2601 S BAYSHORE DR
SUITE 250
COCONUT GROVE FL 33133
US

3. Date Incorporated or Qualified

09/16/1988

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 2050 Coral Way

26 2050 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2nd Floor

27 2nd Floor

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33145

Country

29 33145

Country

25 US

30 US

4. FEI Number

23-7295132

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

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

KURTZ, BROOKS E
2601 S BAYSHORE DRIVE
SUITE 250
COCONUT GROVE FL 33133

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ROGERS, CHARLES E
STREET ADDRESS 2401 NW 82ND AVENUE, SUITE 200
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME HAYHURST-ROMANO, PATRICIA
STREET ADDRESS 2601 S BAYSHORE DRIVE SUITE 250
CITY-ST-ZIP COCONUT GROVE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME BROWN, SCOTT
STREET ADDRESS 312 MINORCA AVENUE
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KLEINMAN, DENNIS H.
STREET ADDRESS 7205 NW 19TH ST
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KOCH, ALAN
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 300
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BONNET, ROBERT
STREET ADDRESS 12651 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

Daytime Phone #

CR2E037 (12/95)