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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002496

1. Corporation Name
Mortgage Bankers Association of Southwest Florida, Inc.

579705 - 90020 - 30

Principal Place of Business	Mailing Address
5636 Tavila Circle Naples, FL 34110	5636 Tavila Circle Naples, FL 34110

2. Principal Place of Business 21 5636 Tavila Circle	2a. Mailing Address 26 5636 Tavila Circle	3. Date Incorporated or Qualified 05/05/1997
Suite Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3434529 ☐ Applied For ☐ Not Applicable
City & State 23 Naples, FL	City & State 28 Naples, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 34110 Country 25 USA	Zip 29 34110 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LAWTON, MARTY
4901 TAMIAMI TRAIL NORTH
NAPLES, FL

10. Name and Address of New Registered Agent

81 Name: JAMES A. PILON
82 Street Address (P.O. Box Number is Not Acceptable): 1000 North Tamiami Trail
83: SUITE 201
84 City: NAPLES FL 85 Zip Code: 34102

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: James A. Pilon DATE: 6/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	Lisa Gaffney		1.2 NAME	Lisa Gaffney	
STREET ADDRESS	5636 Tavila Circle		1.3 STREET ADDRESS	5636 Tavila Circle	
CITY-ST-ZIP	Naples, FL 34110		1.4 CITY-ST-ZIP	Naples, FL 34110	
TITLE	Vice President	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	Carin K. Patrignani		2.2 NAME	Sue Anne Zornes	
STREET ADDRESS	4040 Gulf Shore Blvd. North		2.3 STREET ADDRESS	600 Fifth Ave. South, Suite 301	
CITY-ST-ZIP	Naples, FL 34103		2.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	Secretary	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	Sue Anne Zornes		3.2 NAME	Tim Allen	
STREET ADDRESS	600 Fifth Ave. South, Suite 301		3.3 STREET ADDRESS	3838 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34102		3.4 CITY-ST-ZIP	Naples, FL 34103	
TITLE	Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Lauren Beard		4.2 NAME		
STREET ADDRESS	649 5th Avenue South		4.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34102		4.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	James A. Pilon		5.2 NAME		
STREET ADDRESS	1000 Tamiami Trail North, Suite 201		5.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34102		5.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Tim Allen		6.2 NAME		
STREET ADDRESS	3838 Tamiami Trail North		6.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34103		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: James A. Pilon James A. Pilon, Director 5/25/99 941-263-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #