2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002496

1. Entity Name

MORTGAGE BANKERS ASSOCIATION OF SOUTHWEST FLORID

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90138 040 ****61.25

Principal Place of Business	Mailing Address
5636 TAVILA CIR NAPLES FL 34110 US	5636 TAVILA CIR NAPLES FL 34110-3302 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Village Banc	Village Banc
Suite, Apt. #, etc.: 4040 Gulf Shore Blvd. North	Suite, Apt. #, etc.: 4040 Gulf Shore Blvd. North
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34103 Country: USA	Zip: 34103 Country: USA

4. FEI Number: 59-3434529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PILON, JAMES A
1000 N TAMIAMI TRAIL
STE 201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZORNES, SUE ANN 600 FIFTH AVE S STE 301 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAFFNEY, LISA 5636 TAVILA AVE NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEARD, LAUREN 649 5TH AVE S NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PILON, JAMES A 1000 TAMIAMI TRAIL N STE 201 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLEN, TIM 3838 TAMIAMI TRAIL N NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATRIGNANI, CARIN K 4040 GULF SHORE BLVD D NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Patrignani, Carin K. 4040 Gulf Shore Blvd. North Naples, Florida 34103	☒ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carin Patrignani Carin Patrignani Vice President 1-18-00 941-435-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #