2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90089 047 ****61.25

DOCUMENT # N97000002496

1. Entity Name

MORTGAGE BANKERS ASSOCIATION OF SOUTHWEST FLORID A, INC.

Principal Place of Business	Mailing Address
1000 TAMIAMI TRAIL NORTH NAPLES FL 34108 US.	VILLAGE BANC 4040 GULF SHORE BLVD. NORTH NAPLES FL 34103 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 Tamiami Trail North	1000 Tamiami Trail North
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Naples, FL	City & State: Naples
Zip: 34102-5481 Country:	Zip: 34102-5481 Country:

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	7. Name and Address of New Registered Agent
PILON, JAMES A 1000 N TAMIAMI TRAIL STE 201 NAPLES FL 34102	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD ALLEN, TIM 8840 TAMIAMI TRAIL NORTH NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D SueAnn Zornes Suite 501, 5551 Ridgewood Drive Naples, FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED GARIS, PEGGY 5150 TAMIAMI TRAIL NORTH, SUITE 206 NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Robert Slaughter Suite 210 24201 Walden Center Drive Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RITTER, JEANNIE 5891-18TH AVENUE NW NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, CARIN X 4040 GULF SHORE BLVD. NORTH NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lisa Gaffney 5636 Tavilla Circle Naples, FL 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PILON, JAMES 1000 TAMIAMI TRAIL NORTH NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 941-571-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tim Allen, President Date Daytime Phone #