

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002496

FILED
Jan 14, 2005
Secretary of State

Entity Name: MORTGAGE BANKERS ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1000 TAMIAMI TRAIL NORTH
201
NAPLES, FL 341025481 US

New Principal Place of Business:

Current Mailing Address:

1000 TAMIAMI TRAIL NORTH
201
NAPLES, FL 341025481 US

New Mailing Address:

FEI Number: 59-3434529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: JONES, CHRISTINE
Address: 3435 PINE RIDGE, SUITE 102
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ZORNES, SUEANN
Address: 350 FIFTH AVENUE, SOUTH, SUITE 203
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MAGNUSON, ROBERT
Address: 9915 TAMIAMI TRAIL NORTH, SUITE 2
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: SPEARMAN, LISA
Address: 12751 NEW BRITTANY BLVD.
City-St-Zip: FT. MYERS, FL 33907

Title: D () Delete
Name: PILON, JAMES
Address: 1000 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: SLAUGHTER, ROBERT
Address: 3838 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, CHRISTINE
Address: 3435 PINE RIDGE, SUITE 102
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HARPER, MARY
Address: 1255 CREEKSIDE WAY
City-St-Zip: NAPLES, FL 34108

Title: VPD (X) Change () Addition
Name: SPEARMAN, LISA
Address: 12751 NEW BRITTANY BLVD.
City-St-Zip: FT. MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SLAUGHTER, ROBERT
Address: 787 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM PILON

D

01/14/2005

Electronic Signature of Signing Officer or Director

Date