

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002496

FILED  
Jun 12, 2012  
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:**

3435 10TH STREET N.  
SUITE 303, ATTN: JIM PILON  
NAPLES, FL 34103 US

**Current Mailing Address:**

1000 TAMIAMI TRAIL NORTH  
201  
NAPLES, FL 341025481 US

**New Mailing Address:**

3435 10TH STREET N.  
SUITE 303, ATTN: JIM PILON  
NAPLES, FL 34103 US

**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:**

PILON, JAMES A  
3435 10TH STREET N.  
SUITE 303, ATTN: JIM PILON  
NAPLES, FL 34103 US

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:

06/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ERICKSON, EDWARD J  
Address: 999 VANDERBILT BEACH ROAD  
City-St-Zip: NAPLES, FL 34109

Title: TD  
Name: WALKER, TERESA  
Address: 12751 NEW BRITTANY BLVD, STE 403  
City-St-Zip: NAPLES, FL 33907

Title: VPD  
Name: ALLEN, TIM  
Address: 841 PRUDENTIAL DRIVE #1228  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: MERZWEILER, NANCY  
Address: 8970 FONTANA DEL SOL WAY #2  
City-St-Zip: NAPLES, FL 34109

Title: SD  
Name: RUDY, LISA  
Address: 3838 TAMIAMI TRAIL N.  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: EDWARD J ERICKSON

PD

06/12/2012

Electronic Signature of Signing Officer or Director

Date