2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002496

FILED Jan 08, 2003 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1000 TAMI/ 201	AMI TRAIL NO	RTH				
	L 341025481	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1000 TAMIAMI TRAIL NORTH 201						
NAPLES, F	L 341025481	US				
FEI Number:	59-3434529	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
STE 201 NAPLES, F	MIAMI TRAIL L 34102			.	office an useriahoused account on both	
in the State		submits this statement for the pu	irpose or changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	ALLEN, TIM 8840 TAMIAMI NAPLES, FL 34		Title: Name: Address: City-St-Zip: Title:	JONES, CHRI 3435 PINE RII NAPLES, FL	DGE, SUITE 102	
Name: Address: City-St-Zip:	ZORNES, SUEA 5551 RIDGEWO NAPLES, FL 34	DOD DRIVE, SUITE 501	Name: Address: City-St-Zip:	ZORNES, SUE 350 FIFTH AV NAPLES, FL	ENUE, SOUTH, SUITE 203	
Title: Name: Address: City-St-Zip:	TD () RITTER, JEANN 5891-18TH AVE NAPLES, FL 34	NUE NW	Title: Name: Address: City-St-Zip:	CARROLL, AL	I TRAIL NORTH, SUITE 100	
Title: Name: Address: City-St-Zip:	WEAVER, CAR	ORE BLVD. NORTH	Title: Name: Address: City-St-Zip:	WEAVER, CAI 1255 CREEKS	SIDE PARKWAY	
Title: Name: Address: City-St-Zip:	D () PILON, JAMES 1000 TAMIAMI NAPLES, FL 34		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SLAUGHTER, R	CENTER DRIVE, SUITE 210	Title: Name: Address: City-St-Zip:	SLAUGHTER,	I TRAIL NORTH	

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: JAMES A. PILON D 01/08/2003

TIM ALLEN 5551 RIDGEWOOD DRIVE, SUITE 301 NAPLES, FL 34108

LISA GAFFNEY 5636 TAVILLA CIRCLE NAPLES, FL 34110