

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90320 020 ***150.00

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1. Entity Name

BANKATLANTIC MORTGAGE PARTNERS, INC.



Principal Place of Business

**2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

Mailing Address

**2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE



04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-1212529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NGUYEN, DOQUYEN T
2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DT
NAME TOALSON, VALERIE C
STREET ADDRESS 2100 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE DP
NAME SNYDER, MARCIA
STREET ADDRESS 2100 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE DV
NAME MCCLUNG, JAY C
STREET ADDRESS 2100 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE S
NAME DRAPOS, LINDA M
STREET ADDRESS 2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valerie C. Toalson, Director 4/22/08 954-940-5000

Date

Daytime Phone #