

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002496

Entity Name: MORTGAGE BANKERS ASSOCIATION OF SOUTHWEST FLORIDA, INC.**FILED**
Jan 27, 2023
Secretary of State
0013211249CC**Current Principal Place of Business:**3255 TAMIAMI TRAIL N.
ATTN: MARY ADAMS
NAPLES, FL 34103**Current Mailing Address:**3255 TAMIAMI TRAIL N.
ATTN: MARY ADAMS
NAPLES, FL 34103 US**FEI Number: 59-3434529****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADAMS, MARY V
3255 TAMIAMI TRAIL N.
ATTN: MARY ADAMS
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: MARY V ADAMS****01/27/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR, PRESIDENT
Name ADAMS, MARY V
Address 3255 TAMIAMI TRAIL N.
City-State-Zip: NAPLES FL 34103**Title** DIRECTOR, VP
Name ZORNES, SUE ANN
Address 3838 TAMIAMI TR N
SUITE410
City-State-Zip: NAPLES FL 34103**Title** DIRECTOR
Name FULLICK, NIGEL
Address 26269 TAMIAMI TRAIL N
City-State-Zip: BONITA SPRINGS FL 34134**Title** DIRECTOR
Name ALLEN, TIMOTHY
Address 2150 GOODLETTE RD N
C/O FIRST HORIZON/ IBERIA BANK
City-State-Zip: NAPLES FL 34102**Title** DIRECTOR, SECRETARY
Name KENT, ELIZABETH
Address 4851 TAMIAMI TRAIL N.
C/O REGIONS BANK
City-State-Zip: NAPLES FL 34103**Title** DIRECTOR
Name ARMEL, SUSAN
Address 5347 MYRTLE LANE
City-State-Zip: NAPLES FL 34113**Title** DIRECTOR
Name SLAUGHTER, ROBERT
Address 9105 STRADA PLACE STE 3200
City-State-Zip: NAPLES FL 34109**Title** DIRECTOR
Name IRONS, JOHN
Address 1207 TUPPENCE LANE
City-State-Zip: NAPLES FL 34105**Continues on page 2**

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: MARY ADAMS**PRESIDENT****01/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, TREASURER
Name WEYGANT, GLENDA
Address 300 5TH AVENUE SOUTH #227B
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name MANGANARO, BARBARA
Address 15275 COLLIER BLVD, STE 201-335
City-State-Zip: NAPLES FL 34119