

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000033249

**Entity Name:** COMMERCE NATIONAL BANKSHARES OF FLORIDA, INC.

**FILED**  
**Jul 18, 2022**  
**Secretary of State**  
**8968586507CC**

**Current Principal Place of Business:**

1201 SOUTH ORLANDO AVENUE  
SUITE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

1201 SOUTH ORLANDO AVENUE  
SUITE 100  
WINTER PARK, FL 32789

**FEI Number: 01-0691279**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COLADO, RAY D  
1201 SOUTH ORLANDO AVENUE  
SUITE 100  
WINTER PARK, FL 32789 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           COLADO, RAY D  
Address        1201 S ORLANDO AV STE 100  
City-State-Zip: WINTER PARK FL 32789

Title           CHAIRMAN, DIRECTOR  
Name           COLADO, GUY D  
Address        327 BELOIT AVE  
City-State-Zip: WINTER PARK FL 32789

Title           D  
Name           BARKETT, RUSSELL  
Address        621 ARAPAHO TRAIL  
City-State-Zip: MAITLAND FL 32751

Title           D  
Name           BATES, JENNIFER F  
Address        1801 W INTERNATIONAL SPEEDWAY  
                  BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title           DIRECTOR  
Name           LOUTTIT, JANE  
Address        1576 MAYFLOWER CT.  
City-State-Zip: WINTER PARK FL 32792

Title           DIRECTOR  
Name           STRONG, DAVID S  
Address        1201 S. ORLANDO AVE  
                  SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title           DIRECTOR  
Name           VAUGHAN, RICK  
Address        107 W. COMMERCIAL STREET  
City-State-Zip: SANFORD FL 32771

Title           DIRECTOR  
Name           YERGEY, DAVID A. JR.  
Address        211 MAGNOLIA AVE.  
City-State-Zip: ORLANDO FL 32801

**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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIELE BUZZERIO**

**SECRETARY**

**07/18/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BENNETT, ED  
Address        1201 SOUTH ORLANDO AVENUE  
                  SUITE 100  
City-State-Zip: WINTER PARK FL 32789

Title           TREASURER, SECRETARY  
Name           BUZZERIO, DANIELE  
Address        1201 SOUTH ORLANDO AVENUE  
                  SUITE 100  
City-State-Zip: WINTER PARK FL 32789