

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004017

Entity Name: FIRST BANK OF THE PALM BEACHES**Current Principal Place of Business:**415 5TH STREET
WEST PALM BEACH, FL 33401**Current Mailing Address:**415 5TH STREET
WEST PALM BEACH, FL 33401**FEI Number:** 20-2945754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AHRENHOLZ, JOHN M
415 5TH STREET
WEST PALM BEACH, FL 33401 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:** JOHN M, AHRENHOLZ

03/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MAUS, JOHN G
Address 200 ARGYLE RD
City-State-Zip: WEST PALM BEACH FL 33405

Title VC
Name SUROVEK, JOHN H
Address 3518 NORTH FLAGLER DRIVE
City-State-Zip: WEST PALM BAECH FL 33407

Title DIRECTOR
Name BURNS, THOMAS G
Address 890 BRIARWOOD DRIVE
City-State-Zip: WEST PALM BEACH FL 33415

Title CFO
Name MAHONEY, BRIAN C
Address 856 COUNTRY CLUB DRIVE
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR
Name LEHMAN, MICHAEL D
Address 18184 128TH TRAIL NORTH
City-State-Zip: JUPITER FL 33478

Title PRESIDENT, CEO, CHAIRMAN
Name SHEAROUSE, JAY BIII
Address 215 RIVER DRIVE
City-State-Zip: TEQUESTA FL 33469

Title COO
Name AHRENHOLZ, JOHN M
Address 19537 N. 66TH WAY
City-State-Zip: JUPITER FL 33458

Title CHIEF LENDING OFFICER
Name EASSA, STEVEN L
Address 32 PRINCEWOOD LANE
City-State-Zip: PALM BEACH GARDENS FL 33410

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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: JOHN M. AHRENHOLZ**CHIEF OPERATING
OFFICER**

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF RISK OFFICER
Name SHEPPARD, CINDY
Address 415 5TH STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name SCHICK, ALAN
Address 415 5TH STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name KOENIG, PATRICK
Address 415 5TH STREET
City-State-Zip: WEST PALM BEACH FL 33401