

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000082710

**Entity Name:** COMMUNITY INSURANCE, INC.

**FILED  
Mar 10, 2014  
Secretary of State  
CC6772875629**

**Current Principal Place of Business:**

12270 SW 3RD ST  
SUITE 200  
PLANTATION, FL 33325

**Current Mailing Address:**

PO BOX 559009  
FT. LAUDERDALE, FL 33355

**FEI Number: 65-0730206**

**Certificate of Status Desired: No**

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

VAUGHAN, CRAIG A  
12270 SW 3 STREET  
SUITE 200  
PLANTATION, FL 33325 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 P  
Name DONNELLY, PATRICK J  
Address 12270 SW 3 STREET, SUITE 200  
City-State-Zip: PLANTATION FL 33325

Title VPST  
Name VAUGHAN, CRAIG A  
Address 12270 SW 3 STREET ,SUITE 200  
City-State-Zip: PLANTATION FL 33325

Title VP  
Name DONNELLY, ROBERT A  
Address 12270 SW 3 STREET, SUITE 200  
City-State-Zip: PLANTATION FL 33325

*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: CRAIG VAUGHAN**

**VP**

**03/10/2014**

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

\_\_\_\_\_  
Date