

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822350

Entity Name: ITT COMMUNITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**1 CORPORATE DRIVE
FLAGLER BEACH, FL 32151**Current Mailing Address:**1 CORPORATE DRIVE
FLAGLER BEACH, FL 32151 US**FEI Number:** 11-2163501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT AND CHIEF FINANCIAL
OFFICER
Name SCALERA, THOMAS M.
Address 1 CORPORATE DRIVE
City-State-Zip: FLAGLER BEACH FL 32151

Title VICE PRESIDENT AND SECRETARY
Name MARINO, LORI B.
Address 1 CORPORATE DRIVE
City-State-Zip: FLAGLER BEACH FL 32151

Title DIRECTOR
Name MARINO, LORI B.
Address 1 CORPORATE DRIVE
City-State-Zip: FLAGLER BEACH FL 32151

Title DIRECTOR
Name GIULIANO, STEVEN
Address 1 CORPORATE DRIVE
City-State-Zip: FLAGLER BEACH FL 32151

Title GENERAL COUNSEL
Name GUSTAFSSON, MARY BETH
Address 1 CORPORATE DRIVE
City-State-Zip: FLAGLER BEACH FL 32151

Title VICE PRESIDENT AND TREASURER
Name MILLER, MALCOLM
Address 1 CORPORATE DRIVE
City-State-Zip: FLAGLER BEACH FL 32151

Title DIRECTOR
Name GUSTAFSSON, MARY BETH
Address 1 CORPORATE DRIVE
City-State-Zip: FLAGLER BEACH FL 32151

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: MARY BETH GUSTAFSSON

GENERAL COUNSEL

04/02/2018

Electronic Signature of Signing Officer/Director Detail_____
Date