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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 654911

1. Corporation Name
SENTINEL MORTGAGE COMPANY

Principal Place of Business

700 SARASOTA QUAY
SARASOTA FL 34236
US

Mailing Address

700 SARASOTA QUAY
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1980

4. FEI Number

59-1969111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1819 Main St

Suite, Apt. #, etc.

22 Ste 900

City & State

23 Sarasota FL

Zip

24 34236

Country

25 Sarasota

2a. Mailing Address

26 1819 Main St

Suite, Apt. #, etc.

27 Ste 900

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HODGES, JOHN M.

~~1800 2ND ST, STE 9000~~

SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 889N Washington Blvd

84 City

Sarasota

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME WITTIG, THEODORE K

STREET ADDRESS 3994 HAMILTON CLUB CR

CITY-ST-ZIP SARASOTA FL

TITLE EVP ☐ DELETE

NAME WILF, LINDA G

STREET ADDRESS 2828 SUNCREST DR

CITY-ST-ZIP SARASOTA FL

TITLE SVP ☐ DELETE

NAME ILTIS, J S

STREET ADDRESS 4057 ESCONDITO CIRCLE

CITY-ST-ZIP SARASOTA FL

TITLE VP ☐ DELETE

NAME ABADIJIAN, SANDRA

STREET ADDRESS 726 32ND ST E.

CITY-ST-ZIP BRADENTON FL

TITLE AS ☐ DELETE

NAME MARER, FLORENCE

STREET ADDRESS 3711 LAKEWOOD DRIVE

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

941-365-5626

Date

Daytime Phone #

CR2E034 (11/98)