

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F26831

1. Entity Name
COMMUNITY BANK OF SOUTH FLORIDA, INC.



Principal Place of Business
**28801 S.W. 157TH AVE.
P.O. BOX 379
HOMESTEAD, FL 33033-2437**

Mailing Address
**28801 S.W. 157TH AVE.
P.O. BOX 379
HOMESTEAD, FL 33033-2437**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2331828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EPLING, ROBERT L.
28801 S.W. 157TH AVE.
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	CASE, GERALD C
STREET ADDRESS	14925 SW 232 ST
CITY-ST-ZIP	GOULDS, FL
TITLE	PD
NAME	EPLING, ROBERT
STREET ADDRESS	14800 SW 236 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	D
NAME	BOGGS, COLLEEN H
STREET ADDRESS	16300 SW 184TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MARCUS, MICHAEL
STREET ADDRESS	20801 SW 157 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80031-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

1-11-04

(305) 245 2211