

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2006 08:00 A**  
**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**



05092006 No Chg-P CR2E034 (11/05)

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VCD  
CASE, GERALD C  
14925 SW 232 ST  
GOULDS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
EPLING, ROBERT  
14800 SW 236 STREET  
HOMESTEAD, FL 33032**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
BOGGS, COLLEEN H  
16300 SW 184TH ST  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
MARCUS, MICHAEL  
20801 SW 157 AVENUE  
HOMESTEAD, FL 33031**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000584962  
05/20/06-80098-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**5/10/06 305-245-2211**

Date

Daytime Phone #