

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004314 (8)**

1. Corporation Name

**COMMUNITY NATIONAL MORTGAGE CORPORATION**

Principal Place of Business  
**8000 IH-10 WEST, SUITE 245  
SAN ANTONIO TX 78230**

Mailing Address  
**8000 IH-10 WEST, SUITE 245  
SAN ANTONIO TX 78230-3668**



2. Principal Place of Business <b>35 Executive Way</b>		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/21/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>52-1985784</b>	Applied For Not Applicable
22. City & State <b>Ponte Vedra Beach, FL</b>		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip <b>32082</b>		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b>
				85. Zip Code	

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

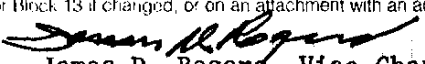
Signature type of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PC</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, ROGER D</b>		1.2 NAME	
STREET ADDRESS <b>12 BISHOPS GREEN</b>		1.3 STREET ADDRESS	
CITY-STATE-ZIP <b>SAN ANTONIO TX 78257</b>		1.4 CITY-STATE-ZIP	
TITLE <b>VCS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROGERS, JAMES D</b>		2.2 NAME	
STREET ADDRESS <b>193 PLANTATION CIRCLE SOUTH</b>		2.3 STREET ADDRESS	
CITY-STATE-ZIP <b>PONTE VEDRA BEACH FL 32082</b>		2.4 CITY-STATE-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEMERITTE, DEAN H</b>		3.2 NAME	<b>Senior Vice Pres. &amp; Director</b>
STREET ADDRESS <b>7716 SOMERSET BAY APT. D</b>		3.3 STREET ADDRESS	<b>DeMeritte, Dean H.</b>
CITY-STATE-ZIP <b>INDIANAPOLIS IN 46240</b>		3.4 CITY-STATE-ZIP	<b>140 Vera Cruz Drive, #618</b>
			<b>Ponte Vedra Beach, FL 32082</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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.

SIGNATURE:   
James D. Rogers, Vice Chairman & Chief Lending Officer

(904) 273-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)