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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

2. Principal Place of Business

2a. Mailing Address

21 70 NE Loop 410
Suite, Apt. #, etc.

26 P.O. Box 672808
Suite, Apt. #, etc.

22 Suite 650

27

City & State

City & State

23 San Antonio, Texas

28 Houston, TX

Zip

Country

Zip

Country

24 78216

25 USA

29 77267-2808

30 USA

4. FEI Number

52-1985784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE
NAME JOHNSON, ROGER D
STREET ADDRESS 12 BISHOPS GREEN
CITY-ST-ZIP SAN ANTONIO TX 78257

TITLE VCS ☐ DELETE
NAME ROGERS, JAMES D
STREET ADDRESS 183 PLANTATION CIRCLE SOUTH
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE SVPD ☐ DELETE
NAME DEMERITTE, DEAN H.
STREET ADDRESS 140 VERA CRUZ DR., STE. 618
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE

Belene M. Finnigan, Vice President

4-8-98

(888) 273-2662

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