

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90161 029 ***150.00

DOCUMENT # F98000003736

1. Corporation Name

HOME MORTGAGE COMPANY OF THE PALM BEACHES ACQUISITION CORP. (formerly Home Mortgage Company of the Palm Beaches Acquisition Corp.)

Principal Place of Business

33 BLOOMFIELD HILLS PKWY, STE 200
BLOOMFIELD HILLS MI 48304

Mailing Address

33 BLOOMFIELD HILLS PKWY, STE 200
BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

APPLIED FOR 38-3419819

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CREGG, ROGER
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY, STE 200
CITY-ST-ZIP BLOOMFIELD HILLS MI

☒ DELETE

TITLE VST
NAME ROBINSON, BRUCE E
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY, STE 200
CITY-ST-ZIP BLOOMFIELD HILLS MI

☒ DELETE

TITLE D
NAME O'BRIEN, MARK J
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY, STE 200
CITY-ST-ZIP BLOOMFIELD HILLS MI

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME Pastore, Roger C.
1.3 STREET ADDRESS 6061 S. Willow Drive, Ste 300
1.4 CITY-ST-ZIP Greenwood Village, CO 80111

☐ Change

☒ Addition

2.1 TITLE D/V
2.2 NAME Still, Debra W.
2.3 STREET ADDRESS 6061 S. Willow Drive, Ste 300
2.4 CITY-ST-ZIP Greenwood Village, CO 80111

☐ Change

☒ Addition

3.1 TITLE V/S
3.2 NAME Richtel, Julie P.
3.3 STREET ADDRESS 6061 S. Willow Drive, Ste 300
3.4 CITY-ST-ZIP Greenwood Village, CO 80111

☐ Change

☒ Addition

4.1 TITLE V
4.2 NAME Sanders, Linda
4.3 STREET ADDRESS 4500 PGA Blvd., Ste 400
4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

☐ Change

☒ Addition

5.1 TITLE T
5.2 NAME Bruining, David
5.3 STREET ADDRESS 6061 S. Willow Drive, Ste 300
5.4 CITY-ST-ZIP Greenwood Village, CO 80111

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

David M. Bruining

Date

4/26/99

Daytime Phone #

(248) 644-7300

CR2E034 (11/98)