

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 A
Secretary of State

DOCUMENT # H56028

1. Entity Name
COMMUNITY BANK OF FLORIDA, INC.



Principal Place of Business
**28801 S.W. 157TH AVENUE
HOMESTEAD, FL 33033-2437**

Mailing Address
**28801 S.W. 157TH AVENUE
HOMESTEAD, FL 33033-2437**



05092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1474050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**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	DVC CASE, GERALD C. 14925 S.W. 232ND ST. GOULDS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPLING, ROBERT L. 14800 SW 238 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 28801 SW 157TH AVENUE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000564958
05/20/06-80098-010 150.00

**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

R.L.S.
PRES.

5/18/06

Date

305-245-2211

Daytime Phone #