

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H56028

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: COMMUNITY BANK OF FLORIDA, INC.

**Current Principal Place of Business:**

28801 S.W. 157TH AVENUE  
HOMESTEAD, FL 330332437

**New Principal Place of Business:**

**Current Mailing Address:**

28801 S.W. 157TH AVENUE  
HOMESTEAD, FL 330332437

**New Mailing Address:**

FEI Number: 59-1474050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EPLING, ROBERT L.,  
Address: 14800 SW 238 STREET  
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Delete  
Name: BOGGS, COLLEEN H  
Address: 16300 SW 184TH ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: MARCUS, MICHAEL  
Address: 28801 SW 157TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L EPLING

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date