

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69467 (4)

1. Corporation Name

COMMUNITIES MORTGAGE COMPANY

Principal Place of Business

Mailing Address

**1555 PALM BEACH LAKES BLVD #1100
W PALM BEACH FL 33401**

**1555 PALM BEACH LAKES BLVD #1100
W PALM BEACH FL 33401**

**APPROVED
AND
FILED**

95 APR 17 PM 3:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1989

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0102067

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 has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECCLESTONE, E. LLWYD, JR
1555 PALM BCH LKS BLVD
SUITE 1100
W PALM BEACH FL 33401**

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 607.1506, 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 his or her address)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	ECCLESTONE, E. LLWYD JR
STREET ADDRESS	1555 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	V
NAME	REJUNE, PETER
STREET ADDRESS	1555 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	PSD
NAME	ECCLESTONE, E. LLWYD III
STREET ADDRESS	1555 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	TD
NAME	COOPER, RON
STREET ADDRESS	1555 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	S
NAME	LEYENDECKER, HELENA
STREET ADDRESS	1555 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Ron Cooper

(Signature and typed or printed name of signing officer or director)

4/5/95

Date

407/686-2000

Corporate Phone #