

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified <b>02/27/1989</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FEI Number <b>65-0102067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	ECCLESTONE, E. LLWYD JR	1.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	REJUNE, PETER	2.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	PSD	3.1 TITLE	
NAME	ECCLESTONE, E. LLWYD III	3.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	COOPER, RON	4.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	VS
NAME	LEYENDECKER, HELENA	5.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(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

4/1/96

407/686-2000

Date

Daytime Phone #

CR2E034 (12/95)