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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # L23559 (2)

1. Corporation Name
COMMUNITIES TITLE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
C/O VIVIEN N HASTINGS 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108 US	C/O VIVIEN N HASTINGS 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1989

2. Principal Place of Business	2a. Mailing Address
21 24301 Walden Center Drive	26 24301 Walden Center Drive
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs, FL
Zip 24 34134 Country 25 USA	Zip 29 34134 Country 30 USA

4. FEI Number: 25-1628732 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HASTINGS, VIVIEN H 801 LAUREL OAK DR STE 500 NAPLES FL 34108	81 Name: Vivien Hastings 82 Street Address (P.O. Box Number is Not Acceptable): 24301 Walden Center Drive 83: Suite 300 84 City: Bonita Springs FL 85 Zip Code: 34134

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: Vivien Hastings 1/21/98
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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HASTING, V N		1.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR. S-500		1.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BLALOCK, C		2.2 NAME		
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 103		2.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	V	☒ DELETE	3.1 TITLE	VAS	☐ Change ☒ Addition
NAME	WHITNEY, S. R.		3.2 NAME	Maryann Nance	
STREET ADDRESS	801 LAUREL OAK DR. S-500		3.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SCHMOYER, J. H.		4.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR #500		4.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	DT	☒ DELETE	5.1 TITLE	DT	☐ Change ☒ Addition
NAME	STORY, J B		5.2 NAME	Steven C. Adelman	
STREET ADDRESS	801 LAUREL OAK DR, STE 500		5.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	C	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	CARLSON, ALICE J		6.2 NAME	Paul L. DiStefano	
STREET ADDRESS	801 LAUREL OAK DR #500		6.3 STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	Bonita Springs, FL 34134	

CR2E034 (10/97)

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 changed, or on an attachment with an address.

SIGNATURE: Vivien W. Hastings Vivien N. Hastings, President 1/21/98 (941) 947-2600