

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 13, 1999 8:00 am  
Secretary of State

03-13-1999 90001 002 \*1,050.00

DOCUMENT # L23559

1. Corporation Name

COMMUNITIES TITLE INSURANCE AGENCY, INC.

Principal Place of Business

24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134  
US

Mailing Address

24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1989

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN  
24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134

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

TITLE DP ☐ DELETE

NAME HASTING, V N  
STREET ADDRESS 24310 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VS ☐ DELETE

NAME BLALOCK, C  
STREET ADDRESS 24031 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VAS ☐ DELETE

NAME NANCE, MARYANN  
STREET ADDRESS 24301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE

NAME SCHMOYER, J. H.  
STREET ADDRESS 24301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DT ☐ DELETE

NAME ADELMAN, STEVEN C  
STREET ADDRESS 234301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE V ☐ DELETE

NAME DISTEGANO, PAUL L  
STREET ADDRESS 24301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Hastings, Vivien N.  
1.3 STREET ADDRESS 24301 Walden Center Drive  
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME Blalock, Cherie  
2.3 STREET ADDRESS 24301 Walden Center Drive  
2.4 CITY-ST-ZIP Bonita Springs, FL 34134

3.1 TITLE VAS ☒ Change ☐ Addition

3.2 NAME Nance, Maryann  
3.3 STREET ADDRESS 3300 University Drive  
3.4 CITY-ST-ZIP Coral Springs, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DT ☒ Change ☐ Addition

5.2 NAME Adelman, Steven C.  
5.3 STREET ADDRESS 24301 Walden Center Drive  
5.4 CITY-ST-ZIP Bonita Springs, FL 34134

6.1 TITLE V ☒ Change ☐ Addition

6.2 NAME DiStefano, Paul  
6.3 STREET ADDRESS 24301 Walden Center Drive  
6.4 CITY-ST-ZIP Bonita Springs, FL 34134

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

(941) 947-2600

Daytime Phone #

CR2E034 (11/98)

0464861