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Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000001374 (6)

1. Corporation Name

COMMUNITY DEVELOPMENT & MORTGAGE ALLIANCE CORPORATION

Principal Place of Business

2539 OLD OKEECHOBEE RD
SUITE 1
WEST PALM BEACH FL 33409
US

Mailing Address

2539 OLD OKEECHOBEE RD
SUITE 1
WEST PALM BEACH FL 33409-4118
US

3. Date Incorporated or Qualified
03/20/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2539 Old Okeechobee Rd.

Suite, Apt. #, etc. Suite 1
22 West Palm Beach, Fl

City & State

23 33409

Zip

Country

25 USA

2a. Mailing Address

26 2539 Old Okeechobee Rd.

Suite, Apt. #, etc. Suite 1
27 West Palm Beach, Fl.

City & State

28 33409

Zip

Country

30 USA

4. FEI Number
65-0657310

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

Thomas K. Matthews
598 East Conference Drive
Boca Raton, Fl. 33486

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Thomas K. Matthews*

5-27-97

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 EVP ☐ DELETE
NAME RAY L. WILLIAMS
STREET ADDRESS 1003 BELVEDERE RD
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE Ken Stevenson - President ☐ Change ☐ Addition
1.2 NAME 2539 Old Okeechobee Road, Suite 1
1.3 STREET ADDRESS West Palm Beach, Fl. 33409
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME RAYMOND F. CARR
STREET ADDRESS 1001 WEST 15TH ST
CITY-ST-ZIP RIVIERA BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME THOMAS K. MATTHEWS - Secretary/Treas.
STREET ADDRESS 598 E CONFERENCE DRIVE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TIM D. MAITLAND - CEO
STREET ADDRESS 1213 OMAR ROAD
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME CARL PIEACE
STREET ADDRESS 329 PINEHURST RD
CITY-ST-ZIP PALM SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Director ☐ DELETE
NAME Bill Emmert
STREET ADDRESS 1001 West 15th Street
CITY-ST-ZIP Riviera Beach, Fl. 33404

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the contact and mailing address.

Ken Stevenson

Sk dep 61.25

CR2E037 (9/96)