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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001374 (6)**

1. Corporation Name

COMMUNITY DEVELOPMENT & MORTGAGE ALLIANCE CORPORATION

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

65-0657310

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1003 Belvedere Rd.

26 1003 Belvedere Rd.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

City & State

23 WPB FL

City & State

27 WPB FL

Zip

24 33405

Country

25 PB

Zip

29 33405

Country

30 PB

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTHEWS, THOMAS K
598 EAST CONFERENCE DRIVE
BOCA RATON FL 33486**

81 Name

Ray L. Williams

82 Street Address (P.O. Box Number is Not Acceptable)

1003 Belvedere Rd.

83

84 City

WPB

FL

85 Zip Code

33405

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

Ray L. Williams

Signature, typed 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 33405**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE
NAME **STEVENSON, KEN**
STREET ADDRESS **2539 OLD OKEECHOBEE RD SUITE 1**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

☐ Change ☐ Addition

TITLE **ST** ☒ DELETE
NAME **THOMAS K. MATTHEWS**
STREET ADDRESS **598 E CONFERENCE DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **EMMERT, BILL**
STREET ADDRESS **1001 WEST 15TH STREET**
CITY-ST-ZIP **RIEMER BEACH FL 33404**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray L. Williams

03-27-98 561 659-6093

CR2E037 (10/97)