


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 046 ***150.00

DOCUMENT # P00000117976 1. Entity Name HOMESITE INSURANCE COMPANY OF FLORIDA					
Principal Place of Business 301 SOUTH BRONOUGH ST. STE. 200 TALLAHASSEE, FL 32301			Mailing Address 301 SOUTH BRONOUGH ST. STE. 200 TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FONDRIEST, FABIAN JOHN		NAME		
STREET ADDRESS	94 ELM ST.		STREET ADDRESS		
CITY - ST - ZIP	CONCORD, MA 01742		CITY - ST - ZIP		
TITLE	DSV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCAVONGELLI, ANTHONY M		NAME		
STREET ADDRESS	15 WINSLOW RD		STREET ADDRESS		
CITY - ST - ZIP	DUXBURY, MA 02332		CITY - ST - ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERNIERO, BENNETT C		NAME		
STREET ADDRESS	125 ELMWOOD RD		STREET ADDRESS		
CITY - ST - ZIP	WELLESLEY, MA 02481		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAHAN, JAMES T JR		NAME		
STREET ADDRESS	14 CATON RD.		STREET ADDRESS		
CITY - ST - ZIP	FOXBORO, MA 02035		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIOS, MANUEL Z		NAME		
STREET ADDRESS	20 LEWIS FARM RD.		STREET ADDRESS		
CITY - ST - ZIP	DUXBURY, MA 02332		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SETTEL, PETER B		NAME		
STREET ADDRESS	4 BOWSPRIT LANE		STREET ADDRESS		
CITY - ST - ZIP	DUXBURY, MA 02332		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-12-07 Daytime Phone #: 617-832-1300		

40069320



04042007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
04-3489719 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

ATTACHMENT

40069329
#P00000117976

Additional Officers

Homesite Insurance Company of Florida

Title: P/D
Name: Douglas A. Batting
Address: 330 Dartmouth Street, Apt. 2N
Boston, MA 02116

Title: V
Name: Brendan G. Voss
Address: 14 Stearns Road
Scituate, MA 02066

Title: V
Name: Stephen D. Stayton
Address: 71 Brick Hill Lane
Duxbury, MA 02332

Title: V
Name: Preston B. Kavanagh III
Address: 10 South Road
Burlington, CT 06013

Title: V
Name: Christopher L. Conti
Address: 14 Exeter Street
West Newton, MA