

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111615

FILED
Feb 11, 2009
Secretary of State

Entity Name: COMMUNITY BANK OF BROWARD

Current Principal Place of Business:

1991 STIRLING ROAD
DANIA BEACH, FL 33004

New Principal Place of Business:

Current Mailing Address:

2400 NORTH COMMERCE PARKWAY
#200
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-1156637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSEY, JOSEPH C
2400 NORTH COMMERCE PARKWAY #200
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACK, DAVID
Address: 2550 S.W. 105TH TERRACE
City-St-Zip: DAVIE, FL 33324

Title: C () Delete
Name: DONN, DOUG
Address: 71 COMPASS LANE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: DORSEY, JOSEPH C
Address: 2136 S.W. 7TH COURT
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: FOWLER, MARY ANNA
Address: 1845 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: JAZAYRI, SAM
Address: 5245 OAK LANE
City-St-Zip: CORAL GABLES, FL 33156

Title: PD () Delete
Name: KEIR, BRUCE M
Address: 2150 S.W. 131ST TERRACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C. DORSEY

D

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date