

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130234

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: FLORIDIAN COMMUNITY BANK, INC.

## Current Principal Place of Business:

5599 S UNIVERSITY DR  
SUITE 100  
DAVIE, FL 33328 US

## New Principal Place of Business:

## Current Mailing Address:

5599 S UNIVERSITY DR  
SUITE 100  
DAVIE, FL 33328 US

## New Mailing Address:

FEI Number: 65-1107498      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGLER, GEORGE  
2457 CARE DRIVE  
TALLAHASSEE, FL 32308 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: ZINN, DAVID  
Address: 20800 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169 US

Title: D ( ) Delete  
Name: ZINN, WARREN  
Address: 20800 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169 US

Title: D ( ) Delete  
Name: COSTOYA, FRANCISCO  
Address: 5230 S. UNIVERSITY DRIVE, SUITE 103  
City-St-Zip: DAVIE, FL 33328 US

Title: D ( ) Delete  
Name: LEGGETT, JEFFREY  
Address: 9050 NW 68TH CT  
City-St-Zip: PARKLAND, FL 33067 US

Title: D ( ) Delete  
Name: ZUCKERMAN, ANDREW  
Address: 6131 LYONS RD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: MARZOUCA, JOSEPH  
Address: 102 SANTANDER DRIVE  
City-St-Zip: JUPITER, FL 33458

## 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  
Name:  
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: ULISES I. ALONSO

CFO

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date