

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90183 008 ***150.00

DOCUMENT # P06000113979

1. Entity Name
INSIGNIA BANK



Principal Place of Business
**333 NORTH ORANGE AVENUE
SARASOTA, FL 34236**

Mailing Address
**333 NORTH ORANGE AVENUE
SARASOTA, FL 34236**

00000000



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5491736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, CHARLES G III
3766 EAGLE HAMMOCK DRIVE
SARASOTA, FL 34240**

**DO NOT WRITE
IN THIS SPACE**

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:

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, CHARLES G III
STREET ADDRESS	3766 EAGLE HAMMOCK DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	CLARKE, TIMOTHY J
STREET ADDRESS	1610 HARBOR CAY LANE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	DE LIETO, LEON R
STREET ADDRESS	4451 CHARLES LANE
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	GLICK, HARVEY L
STREET ADDRESS	6736 LAKESIDE CIRCLE EAST
CITY-ST-ZIP	WORTHINGTON, OH 43085
TITLE	D
NAME	LOEFFLER, CHERYL M
STREET ADDRESS	415 L'AMBIANCE DRIVE, #203
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	NORTON, SAM D
STREET ADDRESS	4648 STONE RIDGE TRAIL
CITY-ST-ZIP	SARASOTA, FL 3332

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

60035693

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Annual Report
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Item 10 – continued

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Pender, Michael
209 24th Street, West
Bradenton, FL 34209

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Shackelford, Don
5750 Clark State Road
Gahanna, OH 43230