

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094148

Entity Name: ANDEREN BANK

FILED  
Jan 21, 2009  
Secretary of State

## Current Principal Place of Business:

3450 EAST LAKE ROAD, SUITE 205  
PALM HARBOR, FL 34685

## New Principal Place of Business:

3450 EAST LAKE ROAD  
SUITE 202  
PALM HARBOR, FL 34685

## Current Mailing Address:

3450 EAST LAKE ROAD, SUITE 205  
PALM HARBOR, FL 34685

## New Mailing Address:

3450 EAST LAKE ROAD  
SUITE 202  
PALM HARBOR, FL 34685

FEI Number: 26-0778869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALLCOTT, CHARLES III MBA  
Address: 301 S. MISSOURI AVE  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: AMIN, MEHESH MD  
Address: 1802 NOTTINGHAM LANE  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: CAAMANO, DANIEL V JD MBA  
Address: 301 S. MISSOURI AVE  
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Delete  
Name: CARTER, S. WILLIAM MD  
Address: 1902 S. HOLLY LANE  
City-St-Zip: TAMPA, FL 33629

Title: D (X) Delete  
Name: DESAI, PARESH G MD  
Address: 3475 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: D (X) Delete  
Name: FEE, RICHARD E JD  
Address: 1227 N FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/O (X) Change ( ) Addition  
Name: ALLCOTT, CHARLES III  
Address: 3450 EAST LAKE ROAD, STE 202  
City-St-Zip: PALM HARBOR, FL 34685

Title: D/O (X) Change ( ) Addition  
Name: WARREN, JOHN R  
Address: 3450 EAST LAKE ROAD, STE 202  
City-St-Zip: PALM HARBOR, FL 34685

Title: O (X) Change ( ) Addition  
Name: HILL, SHARON I  
Address: 3450 EAST LAKE ROAD, STE 202  
City-St-Zip: PALM HARBOR, FL 34685

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: SHARON I. HILL

CFO

01/21/2009

Electronic Signature of Signing Officer or Director

Date