

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90069 011 \*\*\*150.00

**DOCUMENT # P93000028758**

1. Entity Name

COMMUNITY NATIONAL BANK CORPORATION



Principal Place of Business

201 CENTER ROAD  
VENICE, FL 34285

Mailing Address

201 CENTER ROAD  
VENICE, FL 34285

40074616



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0422293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

STEINMETZ, RAYMOND A W.  
201 CENTER ROAD  
VENICE, FL 34285

**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, typed 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE DV  
NAME BALDINGER, ROGER L  
STREET ADDRESS 201 CENTER ROAD  
CITY-ST-ZIP VENICE, FL 34285

TITLE CD  
NAME KONDISKO, JOSEPH R  
STREET ADDRESS 704 ELDORADO DRIVE  
CITY-ST-ZIP VENICE, FL 34285

TITLE DSV  
NAME KONDISKO, ALLANA M  
STREET ADDRESS 704 ELDORADO DRIVE  
CITY-ST-ZIP VENICE, FL 34285

TITLE DP  
NAME MCKELVEY, WILLIAM G  
STREET ADDRESS 7171 SATELLITE DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE DTV  
NAME MCKELVEY, JEANNE W  
STREET ADDRESS 7171 SATELLITE DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE V  
NAME GRAHAM, CHARLES K  
STREET ADDRESS 201 CENTER ROAD  
CITY-ST-ZIP VENICE, FL 34285

**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:** *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07

Date

841 497-6660

Daytime Phone #