

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0422293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEINMETZ, RAYMOND 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000902694  
04/30/08-80016-009 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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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:

*Raymond W Steinmetz*  
RAYMOND W. STEINMETZ

4-17-08

Date

Daytime Phone #