

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:50

DOCUMENT # P93000043142 (7)

1. Corporation Name

HOME MORTGAGE COMPANY OF THE PALM BEACHES

Principal Place of Business

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0422578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B  
4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DIVOSTA, OTTO B  
STREET ADDRESS 4500 PGA BLVD., SUITE 400  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE P  
NAME OWEN, JACK B JR  
STREET ADDRESS 4500 PGA BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VP  
NAME KAIRALLA, ROBERT S  
STREET ADDRESS 4500 PGA BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VST  
NAME SHANNON, WILLIAM E  
STREET ADDRESS 4500 PGA BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE:

*Jack B. Owen, Jr.*

Jack B. Owen, Jr. 1-19-95 (407) 627-2112

Signature AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #