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FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90208 031 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000038143

1. Corporation Name

THE BANK OF WINTER PARK MORTGAGE COMPANY

Principal Place of Business

% 4501 TAMiami TRAIL NORTH, SUITE 400  
NAPLES FL 34103-3013

Mailing Address

% 4501 TAMiami TRAIL NORTH, SUITE 400  
NAPLES FL 34103-3013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1994

4. FEI Number

59-3242872

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Naples, FL

Zip

24 34108-2709

Country

25 USA

2a. Mailing Address

26 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Naples, FL

Zip

29 34108-2709

Country

30 USA

9. Name and Address of Current Registered Agent

CLARY, MARY BETH M  
4501 TAMiami TRAIL NORTH, SUITE 400  
NAPLES FL 34103-3013

10. Name and Address of New Registered Agent

81 Name  
(same)

82 Street Address (P.O. Box Number is Not Acceptable)  
5801 Pelican Bay Blvd.

83 Suite 300

84 City  
Naples,

FL

85 Zip Code  
34109

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

*Mary Beth M. Clary*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE DPT ☒ DELETE

NAME TAYLOR, R. FREDERICK  
STREET ADDRESS 7575 HUNTINTON PARK DRIVE  
CITY-ST-ZIP COLUMBUS OH 43235

TITLE S ☐ DELETE

NAME LIEBERSBACH, JOHN  
STREET ADDRESS 41 SOUTH HIGH STREET  
CITY-ST-ZIP COLUMBUS OH 43287

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME Finnegan, Thomas J., III  
1.3 STREET ADDRESS 7575 Huntington Park Drive  
1.4 CITY-ST-ZIP Columbus, OH 43235

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

SIGNATURE:

*Thomas J. Finnegan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/99

Daytime Phone #

614-480-4434