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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000002409 (6)

1. Corporation Name

CITIZENS COMMUNITY BANK OF FLORIDA

Principal Place of Business

650 E. ELKCAM CIRCLE  
MARCO ISLAND FL 34145

Mailing Address

650 E. ELKCAM CIRCLE  
MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1996

4. FEI Number

65-0619519

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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 ☐ DELETE

NAME  
D BEYER, DIANE M  
STREET ADDRESS  
611 GORDONIA DR  
CITY-ST-ZIP  
NAPLES FL 22942

TITLE ☐ DELETE

NAME  
D COX, JOEL M  
STREET ADDRESS  
606 BALD EAGLE DR  
CITY-ST-ZIP  
MARCO ISLAND FL 33937

TITLE ☐ DELETE

NAME  
D GARRISON, THOMAS B  
STREET ADDRESS  
1120 SILVER SANDS AVE  
CITY-ST-ZIP  
NAPLES FL 33942

TITLE ☒ DELETE

NAME  
D JANSSENS-LENS, PAUL  
STREET ADDRESS  
992 WINTERBERRY DRIVE  
CITY-ST-ZIP  
MARCO ISLAND FL 33937

TITLE ☐ DELETE

NAME  
D LYNCH, DENNIS J  
STREET ADDRESS  
756 BRENTWOOD POINT  
CITY-ST-ZIP  
NAPLES FL 33963

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3953 Deep Passage Way  
Naples, FL 34109-0779  
D/C

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

D James S. Hagedorn  
1692 San Marco Road  
Marco Island, FL 34145

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

D Richard Storm, Jr.  
264 Rock Hill Court  
Marco Island, FL 34145

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.

SIGNATURE

SA M. L. Hagedorn

SA M. L. Hagedorn

SA M. L. Hagedorn

SA M. L. Hagedorn

CR2E034 (10/97)