

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000009135

1. Entity Name
GUARDIAN TITLE INSURANCE COMPANY OF FLORIDA



Principal Place of Business
2701 SOUTH BAYSHORE DRIVE
SUITE 315
MIAMI, FL 33133

Mailing Address
2701 SOUTH BAYSHORE DRIVE
SUITE 315
MIAMI, FL 33133

FILED
Aug 08, 2008 08:00 AM
Secretary of State



07302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0744838

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-MEDINA, JR., ROLAND
SANCHEZ-MEDINA & ASSOCIATES, P.A.
2333 PONCE DE LEON BLVD, STE 302
CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TAYLOR, BRENDA E
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE, SUITE 315
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VP
NAME	MCJOYNT, TIMOTHY J
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE, SUITE 315
CITY-ST-ZIP	MIAMI BEACH, FL 33133
TITLE	AS
NAME	SANCHEZ-MEDINA, JR., ROLAND
STREET ADDRESS	2333 PONCE DE LEON BLVD, SUITE 302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000957346
08/08/08-80006-001 150.00

**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 address, with all other like empowered.

SIGNATURE: Taylor B. E. Taylor, AS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____