

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000060216

1. Entity Name

GRAND BANK & TRUST OF FLORIDA



Principal Place of Business

2055 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

Mailing Address

2055 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0902670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARSENAULT, GERARD A
STREET ADDRESS 800 N FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME BAKER, DAVID H
STREET ADDRESS 321 ROYAL POINCIANA PLAZA
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME COSTELLO, SANDY L
STREET ADDRESS 1280 LANTANA ROAD
CITY-ST-ZIP LANTANA, FL 33462

TITLE D
NAME CUNNINGHAM, DONALD H
STREET ADDRESS 229 ORANGE TREE DR
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE D
NAME GREENE, J. RUSSELL
STREET ADDRESS 2055 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE D
NAME BUBIS, MICHAEL W
STREET ADDRESS 2366 INLAND COVE WAY
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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05/30/08-80001-013 150.00

**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 an address with all other like empowered.

SIGNATURE:

James R. Odza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. ODZA, EVP

APRIL 29, 2008

Date

561-615-5020

Daytime Phone #