

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080697

FILED
Mar 24, 2009
Secretary of State

Entity Name: BANK OF FLORIDA CORPORATION

Current Principal Place of Business:

1185 IMMOKALEE RD.
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

200 SW 1ST AVENUE,
SUITE 1700
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-3535315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YASSA, ARLETTE
200 SW 1ST AVENUE,
SUITE 1700
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: MCMULLAN, MICHAEL PRES
Address: 1185 IMMOKALEE RD.
City-St-Zip: NAPLES, FL 34110 US

Title: VCD () Delete
Name: COX, JOE B
Address: 1185 IMMOKALEE RD.
City-St-Zip: NAPLES, FL 34110 US

Title: D () Delete
Name: JAMES, JOHN B CAO
Address: 1185 IMMOKALEE RD.
City-St-Zip: NAPLES, FL 34110 US

Title: DC () Delete
Name: PUTZIGER, MICHAEL T C
Address: 99 HIGH STREET
City-St-Zip: BOSTON, MA 02110 US

Title: D () Delete
Name: ROONEY, FRANCIS
Address: 1400 GULF SHORE BLVD., SUITE 184
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: DON, BARBER
Address: 3606 ENTERPRISE AVENUE,
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLETTE YASSA

Electronic Signature of Signing Officer or Director

SECR

03/24/2009

Date