

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90340 022 \*\*\*150.00

**DOCUMENT # P99000055242**

1. Entity Name  
**COMMUNITY MORTGAGE ASSOCIATES, INC.**



Principal Place of Business  
**7711 NORTH MILITARY TRAIL  
214  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**2815 HAWTHORNE LN.  
WEST PALM BEACH, FL 33409**

140100000



2. Principal Place of Business

3. Mailing Address

**1150 Bear Island Dr.**

03262004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**West Palm Beach, FL**

4. FEI Number

**65-0928199**

Applied For

Not Applicable

Zip

Country

Zip

**33409**

Country

**U.S.**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AARON, ROSE  
2815 HAWTHORNE LN.  
WEST PALM BEACH, FL 33409**

Name

**Aaron Rose**

Street Address (P.O. Box Number is Not Acceptable)

**1150 Bear Island Dr.**

City

**West Palm Beach**

**FL**

Zip Code

**33409**

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

**Aaron Rose**

**Aaron Rose**

**4/2/04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ROSE, AARON**  
STREET ADDRESS **2815 HAWTHORNE LN.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **V** ☐ Delete  
NAME **ROSE, SARAH**  
STREET ADDRESS **2815 HARTLANE LN**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **ROSE, Aaron**  
STREET ADDRESS **1150 Bear Island Dr.**  
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **V** ☒ Change ☐ Addition  
NAME **ROSE, Sarah**  
STREET ADDRESS **1150 Bear Island Dr.**  
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**Aaron Rose**

**4/2/04**

**561-242-9091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #