

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66355

FILED
Apr 15, 2011
Secretary of State

Entity Name: HILCOAST TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0357512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEROLA, MARY JANE
1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: D
Name: LEVY, H I
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV
Name: LEVY, MARK F
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVT
Name: JAIVEN, JACK
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V
Name: MEROLA, MARY JANE
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DP
Name: SCHACHTER, BEN G
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S
Name: WINDLE, TERRI
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: JACK JAIVEN

DVT

04/15/2011

Electronic Signature of Signing Officer or Director

Date