

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000007176

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC1693866866**

**Entity Name:** STONEGATE BANK

**Current Principal Place of Business:**

400 NORTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

P.O. BOX 10069  
POMPANO BEACH, FL 33061 US

**FEI Number:** 20-4486142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, SHARON  
400 NORTH FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062 US

*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:** SHARON JONES

03/17/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HOLDING, JEFFREY  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title D  
Name NUDELMAN, JEFF  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title D, CEO, PRESIDENT  
Name SELESKI, DAVID  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title D, CHAIRMAN  
Name TOMLINSON, JOHN L  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title D  
Name STRAUB, GLENN  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name LABODA, GERALD DR.  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name SEIDMAN, LAWRENCE  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name SOUAID, ROBERT  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

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*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:** DAVID SELESKI

**PRESIDENT & CEO**

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BALDWIN, JON  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name GALLO, WILLIAM  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name KEIR, BRUCE  
Address 400 NORTH FEDERAL HIGHWAY  
City-State-Zip: POMPANO BEACH FL 33062