## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098344

Entity Name: FIRST AMERICAN HOME WARRANTY CORPORATION OF

**FLORIDA** 

**Current Principal Place of Business:** 

1244 APOLLO WAY SANTA ROSA, CA 95407

**Current Mailing Address:** 

P. O. BOX 8030

ATTN: CARLA ROUPE

WEST HILLS, CA 91309 US

FEI Number: 26-1296164 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DRIVE, STE. A TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleCEO, CHAIRMANTitlePRESIDENT, DIRECTORNameDAVIDSON, LARRYNamePOWELL, JEFFREYAddress1244 APOLLO WAYAddress1244 APOLLO WAY

City-State-Zip: SANTA ROSA CA 95407 City-State-Zip: SANTA ROSA CA 95407

Title VP, TREASURER, COMPTROLLER, Title VP

SECRETARY, DIRECTOR Name HOGAN, PATRICK

Name ROUPE, CARLA Address 1244 APOLLO WAY

Address 1244 APOLLO WAY

City-State-Zip: SANTA ROSA CA 95407

Title CIO

Name GLEASON, ERIC
Name BUMBAUGH, GERALD E

Address 1244 APOLLO WAY

Address 1244 APOLLO WAY

City-State-Zip: SANTA ROSA CA 95407

City-State-Zip: SANTA ROSA CA 95407

Title SVP

Title

Name BERGER, TRACY
Address 1244 APOLLO WAY

City-State-Zip: SANTA ROSA CA 95407

CFO, DIRECTOR

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: CARLA ROUPE VP 02/24/2016

Date

FILED Feb 24, 2016

Secretary of State

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