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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90098 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F22515

1. Corporation Name

PENINSULA IMPROVEMENT CORPORATION

Principal Place of Business

Mailing Address

2600 GOLDEN GATE PKWY. STE 200
NAPLES FL 34105
US

P.O. BOX 413038
NAPLES FL 34101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1981

4. FEI Number

59-2072898

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARINELLI, PAUL J.
2600 GOLDEN GATE PARKWAY
STE. 200
NAPLES FL 34105

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GABLE, LAMAR	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOAZ, BRADLEY A.	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY, STE. 200	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIER, BARRON III	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BORDEN, DAVID	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARINELLI, PAUL J	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORTON, MARK B	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY STE 200	
CITY-ST-ZIP	NAPLES FL 34105	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Paul J. Marinelli, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

941 262-2600

Date

Daytime Phone #

CR2E034 (11/98)

288380-90098-24
F22515

	1999 OFFICERS AND DIRECTORS
OFFICER/ DIRECTOR	PENINSULA IMPROVEMENT CORP. (FEI # 59-2072898)
P RA	Paul J. Marinelli 2600 Golden Gate Parkway Naples, FL 34105
V	David Borden 2600 Golden Gate Parkway Naples, FL 34105
V	Mark B. Morton 2600 Golden Gate Parkway Naples, FL 34105
S/T	Bradley A. Boaz 2600 Golden Gate Parkway Naples, FL 34105
C/D	Lamar Gable 2600 Golden Gate Parkway Naples, FL 34105
D	Barron Collier III 2600 Golden Gate Parkway Naples, FL 34105
D	Marguerite R. Collier 2600 Golden Gate Parkway Naples, FL 34105
D	Juliet C. Sproul 2600 Golden Gate Parkway Naples, FL 34105
D	Frances G. Villere 2600 Golden Gate Parkway Naples, FL 34105
D	Phyllis G. Doane 2600 Golden Gate Parkway Naples, FL 34105
D	Donna G. Keller 2600 Golden Gate Parkway Naples, FL 34105
D	Katherine G. Sproul 2600 Golden Gate Parkway Naples, FL 34105
D	Harold S. Lynton 2600 Golden Gate Parkway Naples, FL 34105