
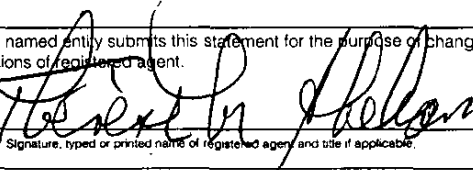
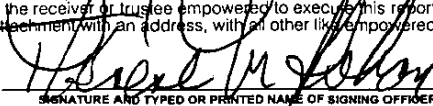


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90022 040 \*\*\*\*70.00

<b>DOCUMENT # N99000004965</b>					
<b>1. Entity Name</b> 415 GATOR DRIVE, INC.					
<b>Principal Place of Business</b> 415 GATOR DRIVE LANTANA, FL 33465			<b>Mailing Address</b> 415 GATOR DRIVE LANTANA, FL 33465		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0951123	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SHEHAN, THERESE M 72 SE SIXTH AVE. TOWNHOUSE L DELRAY BEACH, FL 33483				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE 				DATE 2/25/08	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PP	<b>NAME</b> BREGMAN, HOWARD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> DUANE, ROSANNE M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 777 SOUTH FLAGLER DRIVE	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401		<b>STREET ADDRESS</b> 50 SOUTH U.S. HIGHWAY 1, SUITE 213	<b>CITY-ST-ZIP</b> JUPITER, FL 33477	
<b>TITLE</b> VD	<b>NAME</b> SHEHAN, TERESE	<input type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> SHEHAN, THERESE M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 72 SE SIXTH AVENUE, TOWNHOUSE L	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483		<b>STREET ADDRESS</b> 72 SE SIXTH AVENUE, TOWNHOUSE L	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483	
<b>TITLE</b> SD	<b>NAME</b> LAMBRECHT, NANCY	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 143 ROTUNDA DR	<b>CITY-ST-ZIP</b> JUPITER, FL 33477		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> TD	<b>NAME</b> SALGUERO, GEORGE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> JONES, SHELIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1200 NORTH FEDERAL HWY.	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432		<b>STREET ADDRESS</b> 880 EAST PALMETTO PARK ROAD	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	
<b>TITLE</b> P	<b>NAME</b> DEESE, JOHN	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> DEESE, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3469 SUMMIT BLVD	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406		<b>STREET ADDRESS</b> 3469 SUMMIT BLVD	<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33406	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> ED	<b>NAME</b> BUZA, SUSAN K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> PO BOX 3588	<b>CITY-ST-ZIP</b> LANTANA, FL 33465-3588	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.</b>					
<b>SIGNATURE:</b> 				DATE 2/25/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	