

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670845

Entity Name: PENINSULA DEVELOPMENT CORP.**Current Principal Place of Business:**979 E GULF DRIVE
SUITE 502
SANIBEL, FL 33957**Current Mailing Address:**950 WILWAUKEE AVENUE
SUITE 307
GLENVIEW, IL 60025 US**FEI Number:** 36-3076442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	BOKIOS, EUGENIA
Address	979 E GULF DRIVE SUITE 502
City-State-Zip:	SANIBEL FL 33957

Title	TREASURER
Name	CARROLL, VICTORIA
Address	979 E GULF DRIVE SUITE 502
City-State-Zip:	SANIBEL FL 33957

Title	VICE PRESIDENT
Name	BOKIOS, STEVEN
Address	979 E GULF DRIVE SUITE 502
City-State-Zip:	SANIBEL FL 33957

Title	PRESIDENT, DIRECTOR
Name	BOKIOS, GEORGE
Address	979 E GULF DRIVE SUITE 502
City-State-Zip:	SANIBEL FL 33957

Title	AUTHORIZED REPRESENTATIVE
Name	SUCHOR, DEBRA L.
Address	979 E GULF DRIVE SUITE 502
City-State-Zip:	SANIBEL FL 33957

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: DEBRA L SUCHOR**AUTHORIZED PERSON****01/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date