

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22515

**Entity Name:** PENINSULA IMPROVEMENT CORPORATION**Current Principal Place of Business:**2600 GOLDEN GATE PARKWAY  
NAPLES, FL 34105**Current Mailing Address:**2600 GOLDEN GATE PARKWAY  
NAPLES, FL 34105 US**FEI Number:** 59-2072898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOAZ, BRADLEY  
2600 GOLDEN GATE PARKWAY  
NAPLES, FL 34105 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 V/S/T/RA  
Name BOAZ, BRADLEY A  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title V  
Name SONALIA, JEFF  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title V  
Name GOGUEN, BRIAN L  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title V  
Name GENSON, DAVID B  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title C/D  
Name COLLIER, BARRON III G  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title V  
Name BAIRD, DOUGLAS E  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title P  
Name GABLE, R. BLAKESLEE  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title AV  
Name TRIPLETT, KAREN V  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

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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: BRADLEY A. BOAZ****V/S/T****04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title V/D  
Name SPROUL, KATHERINE G  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title D  
Name ALDEN, PHYLLIS G  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name SPROUL, JULIET A  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title D  
Name VILLERE, LAMAR G  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title D  
Name KUNDE, CHELSEA  
Address 2600 GOLDEN GATE PARKWAY  
City-State-Zip: NAPLES FL 34105

Title VP  
Name ENGLISH, JOHN C  
Address 2600 GOLDEN GATE PKWY  
City-State-Zip: NAPLES FL 34105