

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757837

FILED
Mar 14, 2007
Secretary of State

Entity Name: PBDA - FLAGLER CAMPUS, INC.

Current Principal Place of Business:

1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2106026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORROW, NIKKI
1901 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: LEONE, PAUL
Address: P.O. BOX 228
City-St-Zip: PALM BEACH, FL 33480

Title: CT () Delete
Name: VANHELLEMONT, MINDY
Address: 200 BARTON AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: AINSLIE, MICHAEL
Address: 415 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: BORISLOW, SHELLY
Address: 1045 S OCEAN DR
City-St-Zip: PALM BEACH, FL 33480

Title: T (X) Delete
Name: FANJUL, LOURDES
Address: 220 EL DORADO LN
City-St-Zip: PALM BEACH, FL 33480

Title: T (X) Delete
Name: KOCH, WILLIAM
Address: 974 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUNDER, LEE
Address: 1029 NORTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Change () Addition
Name: LEONE, PAUL N
Address: THE BREAKERS, 1 S COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: TREA (X) Change () Addition
Name: AINSLIE, MICHAEL
Address: 415 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480

Title: SEC (X) Change () Addition
Name: MONELL, AMBROSE
Address: 635 CREST ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBROSE MONELL

SEC

03/14/2007

Electronic Signature of Signing Officer or Director

Date