2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 757837

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:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DR.
SUITE 500E
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:	P	( ) Delete
Name:	LEONE, PAUL	
Address:	THE BREAKERS, 1 S COUNTY ROAD	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	VP	( ) Delete
Name:	MONELL, AMBROSE N	
Address:	635 CREST ROAD	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	TREA	( ) Delete
Name:	JOHNSON, SCOTT	
Address:	241 MOCKINGBIRD TRAIL	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	SEC	( ) Delete
Name:	PALAGYE, STACY	
Address:	211 EDEN ROAD	
City-St-Zip:	PALM BEACH, FL 33480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: PAUL LEONE PRES 03/06/2009

Electronic Signature of Signing Officer or Director — Date