

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90098 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F22515**  
 1. Corporation Name  
**PENINSULA IMPROVEMENT CORPORATION**



Principal Place of Business 2600 GOLDEN GATE PKWY. STE 200 NAPLES FL 34105 US	Mailing Address P.O. BOX 413038 NAPLES FL 34101 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1981</b>	
21		26		4. FEI Number <b>59-2072898</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARINELLI, PAUL J.</b> <b>2600 GOLDEN GATE PARKWAY</b> <b>STE. 200</b> <b>NAPLES FL 34105</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABLE, LAMAR	1.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOAZ, BRADLEY A.	2.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY, STE. 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON III	3.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDEN, DAVID	4.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLI, PAUL J	5.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, MARK B	6.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY STE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: Paul J. Marinelli **RECEIVED** 3-30-99 941 262-2600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0453975

CR2E034 (11/98)

288380-90098-24  
F22515

1999 OFFICERS AND DIRECTORS

OFFICER/  
DIRECTOR PENINSULA IMPROVEMENT CORP.  
(FEI # 59-2072898)

P RA	Paul J. Marinelli 2600 Golden Gate Parkway Naples, FL 34105
V	David Borden 2600 Golden Gate Parkway Naples, FL 34105
V	Mark B. Morton 2600 Golden Gate Parkway Naples, FL 34105
S/T	Bradley A. Boaz 2600 Golden Gate Parkway Naples, FL 34105
C/D	Lamar Gable 2600 Golden Gate Parkway Naples, FL 34105
D	Barron Collier III 2600 Golden Gate Parkway Naples, FL 34105
D	Marguerite R. Collier 2600 Golden Gate Parkway Naples, FL 34105
D	Juliet C. Sproul 2600 Golden Gate Parkway Naples, FL 34105
D	Frances G. Villere 2600 Golden Gate Parkway Naples, FL 34105
D	Phyllis G. Doane 2600 Golden Gate Parkway Naples, FL 34105
D	Donna G. Keller 2600 Golden Gate Parkway Naples, FL 34105
D	Katherine G. Sproul 2600 Golden Gate Parkway Naples, FL 34105
D	Harold S. Lynton 2600 Golden Gate Parkway Naples, FL 34105