2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-23-2007 90028 010 ***150.00
H83808

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83808

1. Entity Name
PENINSULA BANK

Principal Place of Business	Mailing Address
3100 SOUTH MCCALL ROAD ENGLEWOOD, FL 34224	3100 SOUTH MCCALL ROAD ENGLEWOOD, FL 34224

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2525958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVCO Rubin, Sharon R 4681 Hammock Circle Delray Beach FL 33445	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCO RUBIN, SHARON R 4681 HAMMOCK CIRCLE DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPEO PORTNOY, SIMON 1520 RINGLING BLVD SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO CHAIRMAN OF BOARD PORTNOY, SIMON 4920 W ATLANTIC BLVD DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLOM, PAUL T. 3320 BOURBON ST. ENGLEWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORICCO, CARLO J 3005 CARING WAY PT CHARLOTT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/3/19	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERENTILL, LUIS H 2885 N TAMIAMI TRAIL PT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICARDO SOLANO 1132 BISCAYNE DRIVE PT CHARLOTTE FL 33952	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)