2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004982

Entity Name: PORT EVERGLADES ASSOCIATION PAC, INC.

FILED Apr 04, 2007 Secretary of State

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ATTN: MARGARET KEMPEL ATTN: MARGARET KEMPEL 1850 ELLER DRIVE SUITE 500 1850 ELLER DRIVE SUITE 405 PORT EVERGLADES, FL 33316 PORT EVERGLADES, FL 33316

Current Mailing Address: New Mailing Address:

ATTN: MARGARET KEMPEL ATTN: MARGARET KEMPEL 1850 ELLER DRIVE SUITE 405 1850 ELLER DRIVE SUITE 500 PORT EVERGLADES, FL 33316 PORT EVERGLADES, FL 33316

FEI Number: 65-1027958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEMPEL, MARGARET KEMPEL, MARGARET 1850 ELLER DRIVE SUITE 405 1850 ELLER DRIVE SUITE 500 US PORT EVERGLADES, FL 33316 PORT EVERGLADES, FL 33316 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: 04/04/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BAKER, MARK SPENCER, NORMAN Name: Name:

1850 ELLER DRIVE SUITE 500 Address: 1850 ELLER DRIVE SUITE 405 Address: City-St-Zip: PORT EVERGLADES, FL 33316 City-St-Zip: PORT EVERGLADES, FL 33316

Title: () Delete Title: (X) Change () Addition KEMPEL, MARGARET Name: KEMPEL, MARGARET Name:

Address: 1850 ELLER DRIVE SUITE 500 Address: 1850 ELLER DRIVE SUITE 405 PORT EVERGLADES, FL 33316 City-St-Zip: City-St-Zip: PORT EVERGLADES, FL 33316

Title: Title: () Change () Addition () Delete

JONES, RAY Name: Name: 1850 ELLER DRIVE SUITE 500 Address: Address: City-St-Zip: PORT EVERGLADES, FL 33316 City-St-Zip:

Title: () Delete Title: (X) Change () Addition JENKINS, JAMES Name: Name: ROGACKI, FRED

1850 ELLER DRIVE SUITE 500 1850 ELLER DRIVE SUITE 405 Address: Address: City-St-Zip: PORT EVERGLADES, FL 33316 City-St-Zip: PORT EVERGLADES, FL 33316

Title: () Delete Title: (X) Change () Addition

STIRN, SALLY STIRN, SALLY Name: Name:

1850 ELLER DRIVE SUITE 500 1850 ELLER DRIVE SUITE 405 Address: Address: PORT EVERGLADES, FL 33316 PORT EVERGLADES, FL 33316 City-St-Zip: 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: MARGARET KEMPEL D 04/04/2007