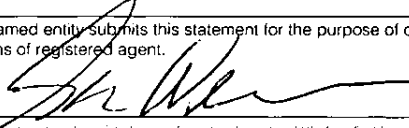


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90028 003 ****61.25

DOCUMENT # N06000009039						
1. Entity Name PEACOCK PLAZA PROPERTY OWNERS ASSOCIATION, INC.						
Principal Place of Business C/O SLW COMMERCIAL CAMPUS, LTD. 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418			Mailing Address C/O SLW COMMERCIAL CAMPUS, LTD. 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418			
2. Principal Place of Business - No P.O. Box # 12557 EQUINE LN Suite, Apt. #, etc.		3. Mailing Address 12557 EQUINE LN Suite, Apt. #, etc.				
City & State Wellington FL		City & State Wellington FL		4. FEI Number 20-8394607		
Zip 33414		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WELLER, GLENN R 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Weller, Glenn R 12557 EQUINE LN City Wellington FL Zip Code 33414		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 40%; text-align: right;"> DATE 2/5/08 </div> </div>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DPV	NAME WELLER, GLENN R		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 210 SUNSET BAY	CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			STREET ADDRESS 12557 EQUINE LN	CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE DST	NAME WELLER, DAVID L		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 210 SUNSET BAY	CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			STREET ADDRESS 4553 SW LONG BAY DR	CITY-ST-ZIP PALM CITY, FL 34990	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
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 617, 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:  G. Weller 2/5/08						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						