

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2008 90028 050 ****61.25

DOCUMENT # N06000009042

1. Entity Name
**PEACOCK PLAZA COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**C/O SOUTHCAP SLW PROPERTIES, INC.
210 SUNSET BAY
PALM BEACH GARDENS, FL 33418**

Mailing Address
**C/O SOUTHCAP SLW PROPERTIES, INC.
210 SUNSET BAY
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.

02072008 Chg-NP CR2E037 (12/06)

City & State
Wellington FL
Zip
33414
Country **USA**

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Wellington, FL
Zip
33414
Country **USA**

4. FEI Number
20-8017213
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLER, GLENN R
210 SUNSET BAY
PALM BEACH, FL 33418**

7. Name and Address of New Registered Agent

Name
Weller Glenn R
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WELLER, GLENN
210 SUNSET BAY
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
WELLER, DAVID
210 SUNSET BAY
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
REITWYK, TOM
210 SUNSET BAY
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**12557 EQUINE LN
WELLINGTON, FL 33414** ☒ Change ☐ Addition

TITLE
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**12557 EQUINE LN
WELLINGTON, FL 33414** ☒ Change ☐ Addition

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CITY-ST-ZIP
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #