

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009042

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

12557 EQUINE LANE  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12557 EQUINE LANE  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

**FEI Number:** 20-8017213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLER, GLENN R  
12557 EQUINE LANE  
WEST PALM BEACH, FL 33414 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** WELLER, GLENN  
**Address:** 12557 EQUINE LANE  
**City-St-Zip:** WEST PALM BEACH, FL 33414

**Title:** DVT  
**Name:** WELLER, DAVID  
**Address:** 4553 SW LONG BAY DRIVE  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** DS  
**Name:** REITWYK, TOM  
**Address:** 12932 INSHORE DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

**SIGNATURE:** GLENN WELLER

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04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date