

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 042 ****70.00

DOCUMENT # N98000005063					
1. Entity Name PPGPB, INC.					
Principal Place of Business 1325 ARABIAN DR LOXAHATCHEE, FL 33470			Mailing Address PO BOX 16762 W. PALM BEACH, FL 33416		
2. Principal Place of Business - No P.O. Box # 1090 NE JENSEN BEACH BLVD		3. Mailing Address PO Box 1528			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jensen Beach, FL		City & State Jensen Beach, FL		4. FEI Number 65-0552780	
Zip 34957		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORELLO, SCOTT 1325 ARABIAN DR LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name: TERESA STEVENSON Street Address (P.O. Box Number is Not Acceptable): 1090 NE JENSEN BEACH BLVD. City: JENSEN BEACH, FL Zip Code: 34957			
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: <u>T. Stevenson</u> <u>TERESA STEVENSON</u> <u>9-9-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 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 D	NAME MORELLO, SCOTT	<input checked="" type="checkbox"/> Delete	TITLE Pres.	NAME TERESA STEVENSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1325 ARABIAN DR	STREET ADDRESS 1090 NE JENSEN BEACH BLVD				
CITY-ST-ZIP LOXAHATCHEE, FL 33470	CITY-ST-ZIP JENSEN BEACH, FL 34957				
TITLE D	NAME MORELLO, SHIELA	<input checked="" type="checkbox"/> Delete	TITLE V. Pres.	NAME MARTY GRIGJACK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1325 ARABIAN DR.	STREET ADDRESS 17114 123RD TERR. N.				
CITY-ST-ZIP LOXAHATCHEE, FL 33470	CITY-ST-ZIP JUPITER, FL 33478				
TITLE D	NAME SWAN, ROBERT E	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	NAME Julie Hughes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 925 SW MARTIN DRUMS BLVD	STREET ADDRESS 3098 NW Federal Hwy.				
CITY-ST-ZIP PALM CITY, FL 34990	CITY-ST-ZIP JENSEN BEACH, FL 34957				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	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: <u>T. Stevenson</u> <u>TERESA STEVENSON</u> <u>9-9-2008</u> <u>772-225-0394</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40115609



07302008 Chg-NP CR2E037 (12/06)