

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90027 025 \*\*\*\*61.25

**DOCUMENT # N99000000582**

1. Entity Name  
PENINSULA CORPORATE CENTER ASSOCIATION, INC.



Principal Place of Business  
C/O G.R.S. MANGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., STE. 309  
LAKE WORTH, FL 33463

Mailing Address  
C/O G.R.S. MANGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., STE. 309  
LAKE WORTH, FL 33463

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01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0934168

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PATRICIA MIMBALL FLETCHER, P.A.  
200 SOUTH BISCAYNE BLVD.  
SUITE 3410  
MIAMI, FL 33131

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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	DREWS, ROBERT
STREET ADDRESS	1013 N. STATE RD. 7
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	DV
NAME	GOSSELIN, ANETTE
STREET ADDRESS	1013 N. STATE RD. 7
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	DST
NAME	INDIVIGLIO, MARIO
STREET ADDRESS	1013 N. STATE RD. 7
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert W. Drew  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06  
Date

Daytime Phone #