


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90054 017 ****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		
2. Principal Place of Business - No P.O. Box # 1013 N. STATE RD 7 Suite, Apt. #, etc.		3. Mailing Address 1215 E. Hillbom Blvd Suite, Apt. #, etc.			
City & State Royal Palm Beach FL		City & State Deerfield Beach FL		4. FEI Number 65-0934168	
Zip 33411		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <i>Make changes, sign original.</i>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	DP DREWS, ROBERT <input checked="" type="checkbox"/> Delete 1013 N. STATE RD. 7 ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>Caputo, Sharon</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOSSELIN, ANETTE <input checked="" type="checkbox"/> Delete 1013 N. STATE RD. 7 ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <i>Ernst, Craig</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST INDIVIGLIO, MARIO <input checked="" type="checkbox"/> Delete 1013 N. STATE RD. 7 ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <i>Knight, Lori</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>DLW</i>			<i>DR m - J, 10/11 4-30-2007 954-427-870</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		