

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90049 037 \*\*\*\*70.00

<b>DOCUMENT # N99000000582</b> 1. Entity Name PENINSULA CORPORATE CENTER ASSOCIATION, INC.			
Principal Place of Business 1013 N STATE RD. 7 WEST PALM BEACH, FL 33411		Mailing Address 1215 E. HOLLSBORO BLVD. DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box # 2295 NW CORPORATE BLVD. Suite, Apt. #, etc. #138		3. Mailing Address 2295 NW CORPORATE BLVD. Suite, Apt. #, etc. #138	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431		Zip 33431	
Country USA		Country USA	
4. FEI Number 65-0934168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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 <u>LARRY Z. GLICKMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>301 YAMATO ROAD STE 4150</u> <u>BOCA RATON FL</u> City <u>FL</u> Zip Code <u>33431</u>	
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>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/31/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP CAPUTO, SHARON 1013 N. STATE RD. 7 ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYAR, DAVID 2295 NW CORPORATE BLVD., #138 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ERNST, CALY 1013 N. STATE RD. 7 ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT EHRNST, CRAIG 2295 NW CORPORATE BLVD., #138 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KNIGHT, LORI 1013 N. STATE RD. 7 ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DANBURG, JAMIE 2295 NW CORPORATE BLVD., #138 BOCA RATON, FL 33431
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: <u>Craig F. Ehrnst</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/23/08</u> Daytime Phone # <u>561-893-3396</u>	

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