


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90010 014 \*\*\*\*70.00

<b>DOCUMENT # N99000004965</b> 1. Entity Name 415 GATOR DRIVE, INC.					
Principal Place of Business 415 GATOR DRIVE LANTANA, FL 33465			Mailing Address 415 GATOR DRIVE LANTANA, FL 33465		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0951123	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  JOHN, DEESE 3469 SUMMIT BOULEVARD CREDIT UNION OF PALM BEACH COUNTY WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent Name <b>THERESE M. SHEHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>72 SE SIXTH AVENUE, TOWNHOUSE L</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>	
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><i>Therese M. Shehan</i></u> DATE <u>1/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BREGMAN, HOWARD 777 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEHAN, TERESE 72 SE SIXTH AVENUE, TOWNHOUSE L DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMBRECHT, NANCY 143 ROTUNDA DR JUPITER, FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALGUERO, GEORGE 1200 NORTH FEDERAL HWY. BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEESE, JOHN 3469 SUMMIT BLVD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEESE, JOHN 3469 SUMMIT BLVD WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALGUERO, GEORGE 2400 E. COMMERCIAL BND. STE. 1200 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP DEESE, JOHN 3469 SUMMIT BLVD WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUANE ROSANNE M. 1 NORTH CLEMATIS STREET, STE #400 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" 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><i>Therese M. Shehan</i></u> DATE <u>1/22/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					