

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90021 016 \*\*\*150.00

**DOCUMENT # P00000024760**

1. Entity Name  
GB PENINSULA, INC.



Principal Place of Business  
3200 TAMiami TRAIL N. SUITE 200  
NAPLES, FL 34103

Mailing Address  
3200 TAMiami TRAIL N. SUITE 200  
NAPLES, FL 34103

40055783



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-3692447

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J  
3200 TAMiami TRAIL N., SUITE 200  
NAPLES, FL 34103

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS FERRAO, AUBREY J  
CITY-ST-ZIP 3470 CLUB CENTER BLVD.  
NAPLES, FL 34114 ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 8156 Fiddler's Creek Parkway  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME VPD  
STREET ADDRESS PARISI, JOSEPH L  
CITY-ST-ZIP 3470 CLUB CENTER BLVD  
NAPLES, FL 34114 ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 8156 Fiddler's Creek Parkway  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME DST  
STREET ADDRESS DINARDO, ANTHONY  
CITY-ST-ZIP 3470 CLUB CENTER BLVD  
NAPLES, FL 34114 ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 8156 Fiddler's Creek Parkway  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Livio Parisi

2/1/07 (239) 732-9400

Date

Daytime Phone #