

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90001 012 ***150.00

DOCUMENT # P94000083580

1. Entity Name

PALM BEACH MARINA HOLDING CORP.



Principal Place of Business

**RIVER BEND MARINA
1515 SW 20TH STREET
FT LAUDERDALE FL 33315-1899**

Mailing Address

**59 ELM STREET
NEW HAVEN CT 06510**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

250 ROYAL PALM WAY

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

PALM BEACH FL

Zip

Country

Zip

33480

Country

USA

4. FEI Number

65-0548511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

2nd MOORE

CR2E034 (4/06)

6. Name and Address of Current Registered Agent

**LESLIE ROBERT EVANS- ASSOCIATES
214 BRAZILIAN AVENUE
SUITE 200
PALM BEACH FL 33480**

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.

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MATTHEWS, ROBERT V
158 S OCEAN BLVD
PALM BEACH FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
PERRY, DONALD R III
59 ELM STREET
NEW HAVEN CT 06510** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

9/19/06

Date

561-659-2232

Daytime Phone #