

FILED
May 31, 2007 8:00 am
Secretary of State

05-09-2007 90097 046 ****50.00
05-31-2007 90001 035 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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 <i>new ↓</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 250 ROYAL PALM WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 300	
City & State		City & State PALM BEACH, FL	
Zip	Country	Zip	Country
33480	USA	33480	USA
4. FEI Number 65-0548511		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 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	P Matthews, Robert V 250 Royal Palm Way Palm Bch, FL. 33480 ☒ Change ☐ Addition
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	V Perry, Donald R III 250 Royal Palm Way Palm Beach, FL. 33480 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 Section 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: _____ PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 5/14/07 Daytime Phone: _____	