

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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

**250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH, FL 33480**

**FILED**  
**Sep 18, 2008 08:00 AM**  
**Secretary of State**



05142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATTHEWS, ROBERT V
STREET ADDRESS	250 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	PERRY, DONALD R III
STREET ADDRESS	250 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000959883  
09/18/08-80004-007 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

9/15/08

Date

(561)659-2232

Daytime Phone #