

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F22515

FILED
Sep 19, 2013
Secretary of State
CC2588215906

Entity Name: PENINSULA IMPROVEMENT CORPORATION

Current Principal Place of Business:

2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105

Current Mailing Address:

2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 US

FEI Number: 59-2072898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOAZ, BRADLEY
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title V/ST
Name BOAZ, BRADLEY A
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title C/D
Name COLLIER, BARRON III G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title V
Name SONALIA, JEFF
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title V
Name BAIRD, DOUGLAS E
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title V
Name GOGUEN, BRIAN L
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title P
Name GABLE, R. BLAKESLEE
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title V
Name GENSON, DAVID B
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title AV
Name TRIPLETT, KAREN V
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRADLEY A. BOAZ

V/S/T/RA

09/19/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title V/D
Name SPROUL, KATHERINE G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title D
Name ALDEN, PHYLLIS G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title D
Name VILLERE, LAMAR G
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title D
Name KUNDE, CHELSEA
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105