
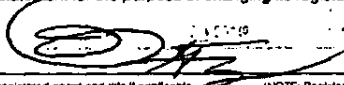
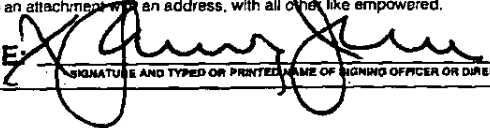


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/16

FILED
Sep 01, 2004 8:00 am
Secretary of State

08-16-2004 90012 024 ****61.25

DOCUMENT # N03000007830			
1. Entity Name PENINSULA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 3301 NE 183RD ST AVENTURA, FL 33160		Mailing Address 3301 NE 183RD ST AVENTURA, FL 33160	
2. Principal Place of Business 3301 NE 183 ST		3. Mailing Address 3301 NE 183 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State AVENTURA, FL 33160	
Country Miami-Dade		Country Miami-Dade	
Zip 33160		Zip 33160	
4. FEI Number 20-0131399		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOCKET, JEFFREY 321 E HILLSBORO BLVD DEERFIELD BCH, FL 33441		7. Name and Address of New Registered Agent Name TED STOTZER Street Address (P.O. Box Number is Not Acceptable) 321 E. HILLSBORO BLVD. City DEERFIELD BEACH FL Zip Code 33441	
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:  DATE: 7/22/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COHEN, JIM 321 E HILLSBORO BLVD DEERFIELD BCH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALAN WEINSTEIN 3201 NE. 183RD ST. AVENTURA, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHOCKET, JEFFREY 321 E HILLSBORO BLVD DEERFIELD BCH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER SITAWN D. JOHNSON 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 		DATE: 7/22/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

66432970



07162004 Chg-NP CR2E037 (10/03)