


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007830

1. Entity Name
PENINSULA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
3201 NE/ 83 ST
AVENTURA, FL 33160

Mailing Address
3201 NE/ 83 ST
AVENTURA, FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

FILED
05 NOV 18 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/24/05 01057 033 66215



10102005 REIN-NP CR2E099 (6/04)

4. FEI Number
20-0431399

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOTZER, TED
321 E HILLSBORO BLVD
DEERFIELD BCH, FL 33441

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 _____ DATE _____
Signature (hand or printed name of registered agent and fee-if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.60

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

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COHEN, JIM 321 E HILLSBORO BLVD DEERFIELD BCH, FL 33441	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINSTEIN, ALAN 3201 NE 183RD ST AVENTURA, FL 33160	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, SITAUN D 321 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOTZER, TED 321 E HILLSBORO BLVD DEERFIELD BCH, FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, JIM 321 E HILLSBORO BLVD DEERFIELD BCH, FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEINSTEIN, ALAN 3201 NE 183RD ST AVENTURA, FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, SITAUN D 321 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 charged, or on an attachment with an address, with an officer like empowered.

SIGNATURE: _____ DATE: 10/19/05 (954) 418-3705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR