


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90373 034 ****61.25

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
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DO NOT WRITE IN THIS SPACE

900014



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0431399	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
 STOTZER, TED
 321 E HILLSBORO BLVD
 DEERFIELD BCH, FL 33441

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD COHEN, JIM 321 E HILLSBORO BLVD DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEINSTEIN, ALAN 3201 NE 183RD ST AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOHNSON, SHAWN 321 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 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: *Shawn D. Johnson* Shawn D. Johnson **SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 954-418-3705

Shawn D. Johnson