

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007830

FILED
Jun 13, 2008
Secretary of State

Entity Name: PENINSULA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3201 NE/ 83 ST
AVENTURA, FL 33160

New Principal Place of Business:

3201 NE 183 ST
AVENTURA, FL 33160

Current Mailing Address:

3201 NE/ 83 ST
AVENTURA, FL 33160

New Mailing Address:

3201 NE 183 ST
AVENTURA, FL 33160

FEI Number: 20-0431411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CFRA, LLC
4221 W. BOYSCOUT BLVD
SUITE 1000
TAMPA, FL 33607 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: RICHARD C. LINQUANTI

06/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: COHEN, JIM
Address: 321 E HILLSBORO BLVD
City-St-Zip: DEERFIELD BCH, FL 33441

Title: VP () Delete
Name: WEINSTEIN, ALAN
Address: 3201 NE 183RD ST
City-St-Zip: AVENTURA, FL 33160

Title: ST () Delete
Name: JOHNSON, SHAWN
Address: 321 E. HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAIDER, SALMAN A
Address: 11900 BISCAYNE BLVD #809
City-St-Zip: NORTH MIAMI, FL 33181

Title: VPD (X) Change () Addition
Name: SCHIERMBOCK, CHRIS
Address: 11900 BISCAYNE BLVD #809
City-St-Zip: NORTH MIAMI, FL 33181

Title: STD (X) Change () Addition
Name: BENJAMIN, ALEX
Address: 11900 BISCAYNE BLVD #809
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX BENJAMIN

STD

06/13/2008

Electronic Signature of Signing Officer or Director

Date