

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007830

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: PENINSULA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3201 NE 183 ST  
AVENTURA, FL 33160

**New Principal Place of Business:**

3301 NE 183 ST  
AVENTURA, FL 33160

**Current Mailing Address:**

3201 NE 183 ST  
AVENTURA, FL 33160

**New Mailing Address:**

3301 NE 183 ST  
AVENTURA, FL 33160

FEI Number: 20-0431411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
4221 W. BOYSCOUT BLVD  
SUITE 1000  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: AT ( ) Delete  
Name: SHAVEL, DOUG  
Address: 11900 BISCAYNE BLVD #809  
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ATD (X) Change ( ) Addition  
Name: SHAVEL, DOUG  
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: DOUG SHAVEL

ATD

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date