

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 20, 2008
Secretary of State

DOCUMENT# N07000003845

Entity Name: THE PENINSULA II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3201 NE 183 ST.
AVENTURA, FL 33160**New Principal Place of Business:****Current Mailing Address:**3201 NE 183 ST.
AVENTURA, FL 33160**New Mailing Address:****FEI Number:** 26-0167872**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CFRA, LLC
4221 WEST BOY SCOUT BLVD
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: DPS () Delete
Name: HAIDER, SALMAN
Address: 11900 BISCAYNE BLVD-SUITE #809
City-St-Zip: NORTH MIAMI, FL 33181

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

Title: DST () Delete
Name: LONG, WALLACE
Address: 11900 BISCAYNE BLVD-SUITE #809
City-St-Zip: NORTH MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAIDER, SALMAN
Address: 11900 BISCAYNE BLVD-SUITE #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: AT () Change (X) Addition
Name: SHAVEL, DOUG
Address: 11900 BISCAYNE BLVD-SUITE #809
City-St-Zip: NORTH MIAMI, FL 33181

Title: AS () Change (X) Addition
Name: BENJAMIN, ALEX
Address: 11900 BISCAYNE BLVD-SUITE #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: SALMAN HAIDER

DP

08/20/2008

Electronic Signature of Signing Officer or Director

Date