

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003845

FILED
Mar 25, 2009
Secretary of State

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:

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: 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: DP () Delete
Name: HAIDER, SALMAN A
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: D () Delete
Name: KRAMER, SCOTT
Address: 3301 NORTHEAST 183 STREET, UNIT 1504
City-St-Zip: AVENTURA, FL 33160

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RAMOS, JEFFREY J
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

ST

03/25/2009

Electronic Signature of Signing Officer or Director

Date