FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

EURIDINE PORTALUPPI 5-17-96 254-6777
EFOR DIRECTOR

Date

Dayting Proces

1996

Principal Place of Business

SIGNATURE:

DOCUMENT # 747908

(2)

Mailing Address

PENINSULA HOMES CONDOMINIUM ASSOCIATION NO. 13, INC.

7901 S.W. 148TH AVENUE Miami Fl 33193		7901 S.W. 148TH AVENUE Miami Fl 33193			
				3. Date Incorporated or Qualified 07/02/1979	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For
21		26		NOT AFFLIOADLE	Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23]	Country	28 7in	Country	Trust Fund Contribution	Added to Fees
Zip 24 1	Country 25	Zip 3	¬ ′	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032,
	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Re	
			81 Name		
*HICHARDS, LEWIS			00 044 04	ress (P.O. Box Number is Not Acceptable	<u> </u>
	148 AVE		82 Street Addr	ress (F.O. Box Number is 1401 Acceptable	"
MIAMI FL 33193 83				· · · · · · · · · · · · · · · · · · ·	
					1-1-
			84 City		FL 85 Zip Code
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric th, arid accept the obligations of, Secti	ia. Such change was authorized b	the above-named corpor by the corporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable (NOTE F	vigistered Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES 10 OFFIC	
TITLE	PO	DELETE	1 1 TITLE		Change Addition
NAME	RICHARDS, LEWIS		1.2 NAME		
STREET ADDRESS	7903 SW 148 AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1 4 CITY - ST - ZIP		
TITLE	VDS	□ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	RICHARDS, TINA		2 2 NAME		
STREET ADDRESS	7903 SW 148 AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-2IP		
TITLE	D	DELETE	31 HTLE		Change Addition
NAME	PORTALUPPI, ENRIQUE		3.2 NAME		
STREET ADDRESS	7901 SW 148 AVE		3 3 STREET ADDRESS		
CITY-ST-ZIP	miami fl		34 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	10000184 -05/28/96010	☐ Change ☐ Addition
NAME	TANO, JESSICA		4. 2 NAME	-05/28/98010	13023 13023
STREET ADDRESS	7901 SW 148 AVE		4 3 STREET ADDRESS	***81.25	33 663
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		~ 1.
CITY-ST-ZIP			54 CITY-ST-ZIP		
THTLE		DELETE	6 1 THILE		Change Addition
NAME			6.2 NAME		CXXXX
STREET ADDRESS			6.3 STREET ADDRESS		\mathcal{I}
CITY-ST-ZIP			6 4 CITY - ST - ZIP		<u> </u>
certify that	t the information indicated on this annu	al report or supplemental annual.	report is true and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 617, Flo	same legal effect as if made under
	n Block 12 or Block 13 if ghanged, or o				(365)