## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

1998 **DOCUMENT** #

(2)

**FILED** Apr 14 1998 8:00am Secretary of State

PENINSULA HOMES CONDOMINIUM ASSOCIATION NO. 13, INC.						
Principal Place of Business Mailing Address						r seprin radir dibir todub lafiri dalah rani debir debir dibir dibir dibir dibir idar
7901 S.W. 148TH AVENUE 7501 S.W. 148TH AVENUE MIAMI FL 33193 MIAMI FL 33193						3. Date Incorporated or Qualified 07/02/1979 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						NOT APPLICABLE Not Applicable
21 26 26						5. Certificate of Status Desired S8.75 Additional Fee Regulared
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
22 27 City & State City & State						Trust Fund Contribution
23		28			7. Is this nonprofit corporation a homeowners association?	
Zip			Count	ry		8. This corporation owes or has pald the current year Intangible
24]	25					Personal Property Tax due June 30.  Yes No
9. Name and Address of Current Registered Agent				1 N	Name	10. Name and Address of New Registered Agent
RICHARDS, LEWIS						
7903 SV		**	Street Address (P.O. Box Number is Not Acceptable)		s (P.O. Box Number is Not Acceptable)	
<b>M</b> IAMI F	FL FL 33193		83	83		
			84	€ C	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statutes	s, the abov	ve-na	amed corpora	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
12.	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Ap	gent si	Ignature required s	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	RICHARDS, LEWIS		1.2 NAME			
STREET ADDRESS	7903 SW 148 AVE		1.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP TITLE	MIAMI FL VDS	☐ DELETE	1.4 City-S 2.1 Title		IP	Change Addition
NAME	'	RICHARDS, TINA 22				Change L. Addition
STREET ADDRESS	7903 SW 148 AVE		2.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		IIP .	
TITLE			3.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	PORTALUPPI, ENRIQUE 7901 SW 148 AVE		3.2 NAME	3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	AMANA PA		3.4. CITY			
TITLE	<u> </u>		4.1 TITLE			☐ Change ☐ Addition
HAME	7004 014 444 415		4. 2 NAM	Ē		
STREET ADDRESS	7901 SW 148 AVE		4.3 STREET		ľ	
CITY-ST-ZIP TITLE	MISMI FL	DELETE	4.4 CITY - 5 5.1 TITLE		IP	Change Addition
NAME			5.2 NAME			Basel Committee Basel Continue
STREET ADDRESS	5.3		5.3 STREE	T ADD	ORESS	
CITY-ST-ZW		T briefe	5.4 CITY - ST		IP	
TITLE NAME		DELETE	6.1 TITLE			Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREE		DRESS	
CITY-ST-ZIP			6.4 CITY-		i	
14.   hereby o	certify that the information supplied	with this filing does not qualify for				ction 119 07/3)(i). Florida Statutes, I further certify that the information

Indicated on this annual report or suppliemental annual report in the exemption stated in Section 119.07(5)(), Florida Statutes. Thurther certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my 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 truebee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

3/20/98