2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# N02000001326

Entity Name: PENINSULA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11438 ORANGE BLOSSOM LANE
BOCA RATON, FL 33428

New Principal Place of Business:

20 NW 3RD AVE.
ST. 102
DEERFIELD BEACH, FL 33441

Current Mailing Address:

11438 ORANGE BLOSSOM LANE
BOCA RATON, FL 33428

New Mailing Address:

20 NW 3RD AVE.
ST. 102
DEERFIELD BEACH, FL 33441

FEI Number: 26-0075571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLINSKY, FRANK C
11438 ORANGE BLOSSOM LANE
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

VOLINSKY, FRANK C
20 NW 3RD AVE.
ST. 102
DEERFIELD BEACH, FL 33441 US

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: _____ 03/08/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NATASI, JOSEPH
Address: 27-19 44TH DRIVE
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: VPD ( ) Delete
Name: VOLINSKY, FRANK C
Address: 11438 ORANGE BLOSSOM LANE
City-St-Zip: BOCA RATON, FL 33428

Title: SD ( ) Delete
Name: VOLINSKY, CATHERINE B
Address: 11438 ORANGE BLOSSOM LANE
City-St-Zip: BOCA RATON, FL 33428

Title: TD ( ) Delete
Name: KILLEN, LINDA
Address: 27-19 44TH DRIVE
City-St-Zip: LONG ISLAND CITY, NY 11101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: VOLINSKY, FRANK C
Address: 20 NW 3RD AVE.
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD (X) Change ( ) Addition
Name: VOLINSKY, CATHERINE B
Address: 20 NW 3RD AVE., ST. 102
City-St-Zip: DEERFIELD BEACH, FL 33441

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE VOLINSKY SD 03/08/2005
Electronic Signature of Signing Officer or Director — Date