2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006
Secretary of State

DOCUMENT# N05000007461

Entity Name: PENINSULA POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1307 HICKORY DR
LONGWOOD, FL 32779

New Principal Place of Business:

P.O. BOX 4500
LONGWOOD, FL 32791

Current Mailing Address:

1307 HICKORY DR
LONGWOOD, FL 32779

New Mailing Address:

P.O. BOX 4500
LONGWOOD, FL 32791

FEI Number: 20-3383189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRICE, SCOTT M ESQ
315 E ROBINSON ST
STE 600
ORLANDO, FL 32801 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:	PSTD	( ) Delete
Name:	HUSKEY, E. EVERETTE	
Address:	1000 WEKIVA SPRINGS RD	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	VP	(X) Delete
Name:	HUSKEY, E. EVERETTE	
Address:	1000 WEKIVA SPRINGS RD	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	(X) Delete
Name:	PESCE, LOUIS	
Address:	1307 HICKORY DR	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	(X) Delete
Name:	PESCE, JANE	
Address:	1307 HICKORY DR	
City-St-Zip:	LONGWOOD, FL 32779	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: E. EVERETTE HUSKEY PSTD 08/16/2006

Electronic Signature of Signing Officer or Director — Date