

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 25 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005776 (9)**  
 1. Corporation Name

**THE PENINSULA ON LAKE HARRIS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
10400 CR 48 HOWEY-IN-THE-HILLS FL 34737	10400 CR 48 HOWEY-IN-THE-HILLS FL 34737

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/23/1994</b>	3a. Date of Last Report <b>05/10/1996</b>
4. FEI Number <b>59-3285548</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**PACKING HOUSE BY-PRODUCTS CO.**  
 10400 CR 48  
 HOWEY-IN-THE-HILLS FL 34737

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BEAUCHER, ROBERT	
STREET ADDRESS	1104 TANGERINE AVE.	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINE, THOMAS P	
STREET ADDRESS	1000 NORTH LAKESHORE BLVD.	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	LINE, DONNA B	
STREET ADDRESS	1000 NORTH LAKESHORE BLVD.	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINE, THOMAS P.
2.3 STREET ADDRESS	1130 PENINSULA DR.
2.4 CITY-ST-ZIP	TAVARES, FL 32778
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINE, DONNA B.
3.3 STREET ADDRESS	1130 PENINSULA DR.
3.4 CITY-ST-ZIP	TAVARES, FL 32778
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 trustee empowered 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 8/18/97 (352) 324-2086

CR2E037 (4/97)