ANNUAL REPORT (AR)

FILED DOCUMENT # N94000005776 Feb 19, 2004 08:00 AM Secretary of State 1. Entity 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3285548 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACKING HOUSE BY-PRODUCTS CO. Street Address (P.O. Box Number is Not Acceptable) 10400 CR 48 HOWEY-IN-THE-HILLS FL 34737 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 11111 ☐ Delete TOTE ☐ Change ☐ Addition BEUCHER, NICHOLAS NAME NAME 10400 CR 48 U00000057828 STREET ADDRESS STREET ADDRESS HOWEY-IN-THE-HILLS FL 34737 02/20/04-80005-007 61.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE IME Change ☐ Addition KELSEY, CAROL 10400 CR 48 STREET ADDRESS STREET ADDRESS HOWEY IN THE HILLS FL 34737 CRY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition LINE, DONNA B NAME NAME 1130 PENINSULA DR STREET ADDRESS STREET ADDRESS TAVARES FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITES Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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RE: Down b. Live Donna B. Live 2-11-04 352-269-4998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description of Director Description of Director Days Description of Director Days Description of Director Description Descrip

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.