


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

| | | | | | | | |
|---|--------------------------------------|---|---|--|----------|-------------|----------------|
| DOCUMENT # N94000005776 1. Entity Name THE PENINSULA ON LAKE HARRIS PROPERTY OWNERS ASSOCIATION, INC. | | | |  | | | |
| Principal Place of Business 10400 CR 48 HOWEY-IN-THE-HILLS FL 34737 | | Mailing Address 10400 CR 48 HOWEY-IN-THE-HILLS FL 34737 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3285548 <table border="1" style="float: right;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | | Applied For | Not Applicable |
| Applied For | | | | | | | |
| Not Applicable | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| PACKING HOUSE BY-PRODUCTS CO. 10400 CR 48 HOWEY-IN-THE-HILLS FL 34737 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | | |
| | | | FL | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | BEUCHER, NICHOLAS | NAME | | | | | |
| STREET ADDRESS | 10400 CR 48 | STREET ADDRESS | | | | | |
| CITY - ST - ZIP | HOWEY-IN-THE-HILLS FL 34737 | CITY - ST - ZIP | | | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | KELSEY, CAROL | NAME | | | | | |
| STREET ADDRESS | 10400 CR 48 | STREET ADDRESS | | | | | |
| CITY - ST - ZIP | HOWEY IN THE HILLS FL 34737 | CITY - ST - ZIP | | | | | |
| TITLE | DVST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | LINE, DONNA B | NAME | | | | | |
| STREET ADDRESS | 1130 PENINSULA DR | STREET ADDRESS | | | | | |
| CITY - ST - ZIP | TAVARES FL | CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | | | |



1st MOORE CR2E037 (10/04)

1100000223838 Change Addition
 02/10/05-80060-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____