2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 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

03302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3285548
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BEUCHER, NICHOLAS
STREET ADDRESS	10400 CR 48
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737
TITLE	O
NAME	KELSEY, CAROL
STREET ADDRESS	10400 CR 48
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737
TITLE	DVST
NAME	LINE, DONNA B
STREET ADDRESS	1130 PENINSULA DR
CITY-ST-ZIP	TAVARES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000496843
04/22/06-80031-001 61.2

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/4/06 (352) 324-2086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #