

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 13 PM 2:40

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



04222008 No Chg-NP CR2E037 (4/06)

**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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP BEUCHER, NICHOLAS 10400 CR 48 HOWEY-IN-THE-HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY ST ZIP	D KELSEY, CAROL 10400 CR 48 HOWEY IN THE HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY ST ZIP	DVST LINE, DONNA B 1130 PENINSULA DR TAVARES, FL
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05/12/08--01053--023 \*\*650.00

**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: *Nicholas Beucher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division File #

*5/13/08*