

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90317 050 ****70.00

DOCUMENT # N96000000514
 1. Entity Name
PEACOCK'S POINT HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business % COURTESY PROPERTY MGMT 13250 SW 135 AVENUE MIAMI, FL 33186 US	Mailing Address % COURTESY PROPERTY MGMT 13250 SW 135 AVENUE MIAMI, FL 33186 US
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94056551



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01272004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 65-0641191	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SKRLD, INC
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name: **ROSEN, SLATON & CLARK**
 Street Address (P.O. Box Number is Not Acceptable): **169 E. Flagler Street**
 Suite 1224
 City: **Miami** FL Zip Code: **33134**

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: *David Slaton* DATE: 3/5/04
(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P DONGO, CARLOS	<input type="checkbox"/> Delete
STREET ADDRESS	16531 SW 99TH STREET	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE NAME	SD DE LA PAZ, RICARDO	<input type="checkbox"/> Delete
STREET ADDRESS	16520 SW 99TH STREET	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE NAME	TD VARGAS, JAIME	<input type="checkbox"/> Delete
STREET ADDRESS	16530 SW 99 LANE.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE NAME	D PEREZ, SERGIO	<input type="checkbox"/> Delete
STREET ADDRESS	16526 SW 98 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE NAME	VP BOBE, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	16536 SW 99 STREET	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Carlos Dongo* DATE: 03/19/04 DAYTIME PHONE #: 305 815 8374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR