
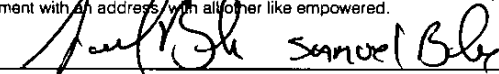


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90010 048 \*\*\*\*70.00

<b>DOCUMENT # N96000000514</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0641191	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ROSEN, SLATON, & CLARK 169 E. FLAGLER STREET SUITE 1224 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONGO, CARLOS		NAME	DETRÉS, ARNALDO	
STREET ADDRESS	16531 SW 99TH STREET		STREET ADDRESS	9979 SW 99 ST.	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARGAS, JAIME		NAME	MARTINEZ, RICARDO	
STREET ADDRESS	16530 SW 99 LANE.		STREET ADDRESS	10460 SW 99 ST.	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, SERGIO		NAME	GONZALEZ, NICOLAS	
STREET ADDRESS	16526 SW 98 TERRACE		STREET ADDRESS	9883 SW 99 Ln	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBE, SAMUEL		NAME		
STREET ADDRESS	16536 SW 99 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		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		
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.					
<b>SIGNATURE:</b> 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					