
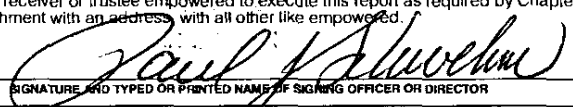


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90003 039 ****61.25

DOCUMENT # N97000000473 1. Entity Name UNITED PENINSULA HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business POST OFFICE BOX 6067 1042 GULF BREEZE, FL 32563 <div style="text-align: center;">32562</div>			Mailing Address POST OFFICE BOX 6067 1042 GULF BREEZE, FL 32563 <div style="text-align: center;">32562</div>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3437138	
Zip		Country		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	
MCPHERSON, JOE 3356 LAUREL DR. GULF BREEZE, FL 32563				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, PATRICK C 4376 HIERDRY SHORES BLVD. GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITE, MELANIE 4247 SANDY BLUFF DR GULF BREEZE FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCPHERSON, JOE 3356 LAUREL DR. GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, MICHAEL V 2842 WHISPER BAY BLVD GULF BREEZE FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARENTEAU, DAVID R 2445 ELKHART DR NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNEY, MARY ANN 2871 BAYFEATHER CIRCLE GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWEHM, PAUL J 4352 HICKORY SHORES BLVD. GULF BREEZE, FL 32563		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOARD, WILLIAM J 4525 SOUNDSIDE DRIVE GULF BREEZE, FL 32563		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THACKERAY, ROBERT WALKER 5113 SOUNDSIDE DRIVE GULF BREEZE, FL 32563		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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:  Jan 9, 2004 850-932-1615 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					