

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007809

**Entity Name:** THE PENINSULA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3201 NE 183RD STREET  
AVENTURA, FL 33160

**Current Mailing Address:**

3201 NE 183RD STREET  
AVENTURA, FL 33160

**FEI Number:** 20-0431399

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANSFIELD BRONSTEIN,PA  
3440 HOLLYWOOD BOULEVARD,SUITE 450  
HOLLYWOOD, FL 33021 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STEINBERG, EDWARD  
Address        3201 NE 183 STREET #2903  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            S/T  
Name            GOODMAN, DONALD  
Address        3201 NE 183RD STREET #1503  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            VP  
Name            LISL, GERSHON  
Address        3201 NE 183 STREET #1205  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            D  
Name            MANSFIELD, GARY  
Address        3201 NE 183 STREET #1007  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            DIRECTOR  
Name            STONE, DAVID  
Address        3201 NE 183 STREET #1201  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD GOODMAN**

**SECRETARY**

**03/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date