



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **05/04/2016**

**X548L84G**

*Company Name:* **PENINSULA HEALTHY LIVING PARTNERSHIP LIMITED**

*Company Number:* **NI043640**

*Date of this return:* **04/04/2016**

*SIC codes:* **86900**  
**96040**

*Company Type:* **Private company limited by guarantee**

*Situation of Registered Office:* **4 CHURCH GROVE**  
**KIRCUBBIN**  
**CO DOWN**  
**BT22 2SU**

**Officers of the company**

## *Company Secretary 1*

*Type:* **Person**  
*Full forename(s):* **MRS SHEILA BERNADETTE**

*Surname:* **BAILIE**

*Former names:*

*Service Address:* **39 NEWCASTLE ROAD  
PORTAFERRY  
CO DOWN  
BT22 1QQ**

*Company Director*    ***1***

*Type:*                                **Person**

*Full forename(s):*                **MRS SHEILA BERNADETTE**

*Surname:*                           **BAILIE**

*Former names:*

*Service Address:*                **SOUTH ROCK  
39 NEWCASTLE ROAD  
PORTAFERRY  
CO DOWN  
BT22 1QQ**

*Country/State Usually Resident:*    **NORTH OF IRELAND**

*Date of Birth:*    **\*\*/08/1964**                                *Nationality:*    **IRISH**

*Occupation:*    **PROJECT CO-ORDINATOR NHS**

*Company Director* 2

*Type:* **Person**

*Full forename(s):* **DR JENNY**

*Surname:* **GINGLES**

*Former names:*

*Service Address:* **36 BRISTOW PARK  
BELFAST  
CO ANTRIM  
BT9 6TN**

*Country/State Usually Resident:* **NORTHERN IRELAND**

*Date of Birth:* **\*\*/08/1953**

*Nationality:* **BRITISH**

*Occupation:* **CONSULTANT**

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*Company Director*    **3**

*Type:*                                **Person**

*Full forename(s):*                **MRS CAROL-ANN EMILY**

*Surname:*                                **HEWITT**

*Former names:*

*Service Address:*                        **THE GABLES  
38 MANSE ROAD  
KIRCUBBIN  
NEWTOWNARDS  
BT22 1DR**

*Country/State Usually Resident:*    **NORTHERN IRELAND**

*Date of Birth:*    **\*\*/07/1946**

*Nationality:*    **BRITISH**

*Occupation:*    **RETIRED**

*Company Director* 4

*Type:* **Person**  
*Full forename(s):* **MS ANGELA**

*Surname:* **HINDS**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **NORTHERN IRELAND**

*Date of Birth:* **\*\*/10/1958** *Nationality:* **BRITISH**

*Occupation:* **NOT APPLICABLE**

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*Company Director*    **5**

*Type:*                      **Person**

*Full forename(s):*        **MRS CAROLINE**

*Surname:*                **MAHON**

*Former names:*

*Service Address:*        **24 ASHMOUNT DRIVE  
PORTAFERRY  
NEWTOWNARDS  
CO DOWN  
BT22 1HJ**

*Country/State Usually Resident:*    **NORTHERN IRELAND**

*Date of Birth:*    **\*\*/10/1952**                      *Nationality:*    **BRITISH**

*Occupation:*    **LIBRARY ASSISTANT**

*Company Director*    **6**

*Type:*                                **Person**  
*Full forename(s):*                **JOSEPHINE ELIZABETH**

*Surname:*                                **SCOTT**

*Former names:*

*Service Address:*                    **20 SHORE ROAD  
MILLISLE  
CO.DOWN  
N.IRELAND  
BT22 2BY**

*Country/State Usually Resident:*   **NORTHERN IRELAND**

*Date of Birth:*   **\*\*/07/1955**                                *Nationality:*   **BRITISH**  
*Occupation:*    **CIVIL SERVANT**

*Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.