


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90073 023 ****61.25

DOCUMENT # 711189

1. Entity Name
PARADISE HARBOUR APTS. INC.



Principal Place of Business
**300 GOLDEN ISLES DR.
 HALLANDALE, FL 33009**

Mailing Address
**300 GOLDEN ISLES DR.
 HALLANDALE, FL 33009**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

04152004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1170609

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LAW OFFICES OF ERIC M. GLAZER, P.A.
 1920 E. HALLANDALE BEACH BLVD.
 8TH FLOOR
 HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name **MR. RICHARD SCARBERRY**

Street Address (P.O. Box Number is Not Acceptable)
300 GOLDEN ISLES DR. #119

City **HALLANDALE FL** Zip Code **33009**

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 *Richard Scarberry* DATE 4/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	SCARBERRY, RICHARD	
STREET ADDRESS	300 GOLDEN ISLES DR #119	✓
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORAN, DAN	
STREET ADDRESS	3000 GOLDEN ISLES DRICE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMIANO, HARRY	
STREET ADDRESS	300 GOLDEN ISLES DR #110	✓
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TREMBLAY, YVES	
STREET ADDRESS	300 GOLDEN ISLES DR	✓
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELLETIER, JEAN-JACQUES	
STREET ADDRESS	300 GOLDEN ISLES DR #101	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMBROSINO, H	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERR, STEVEN	
STREET ADDRESS	300 GOLDEN ISLES DR. #213	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVENCER, GUY	
STREET ADDRESS	300 GOLDEN ISLES DR #102	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Richard Scarberry* DATE 4/20/04 954 456-0408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #