



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90376 001 ****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		3. Mailing Address		 04172008 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1170609				Applied For Not Applicable	
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		
SCARBERRY, RICHARD 300 GOLDEN ISLES DR. 2119 HALLANDALE, FL 33009			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALDONADO, WILLIAM		NAME	PELLETIER, JEAN-JACQUES	
STREET ADDRESS	300 GOLDEN ISLES DR #216		STREET ADDRESS	300 GOLDEN ISLES DR. #101	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEER, STEVEN		NAME	IRELAND, VERNON W.	
STREET ADDRESS	300 GOLDEN ISLES DR. #213		STREET ADDRESS	300 GOLDEN ISLES DR. #117	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMIANO, HARRY		NAME		
STREET ADDRESS	300 GOLDEN ISLES DR #110		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMBLAY, YVES		NAME		
STREET ADDRESS	300 GOLDEN ISLES DR #211		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLETIER, JEAN-JACQUES		NAME		
STREET ADDRESS	300 GOLDEN ISLES DR #101		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSINO, H		NAME		
STREET ADDRESS	300 GOLDEN ISLES DR #315		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		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.					
SIGNATURE: <i>x W. Maldonado</i>		Date: 4/17/06		Daytime Phone #: 954-458-9935	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	