

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711189

FILED
Apr 30, 2009
Secretary of State

Entity Name: PARADISE HARBOUR APTS. INC.

Current Principal Place of Business:

300 GOLDEN ISLES DR.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

300 GOLDEN ISLES DR.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1170609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRELAND, VERNON W
300 GOLDEN ISLES DR. 117
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IRELAND, VERNON W
Address: 300 GOLDEN ISLES DR #117
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: COVOTTA, JOHN
Address: 300 GOLDEN ISLES DRIVE, SUITE #216
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: COMIANO, HARRY
Address: 300 GOLDEN ISLES DR #110
City-St-Zip: HALLANDALE, FL 33009

Title: ST () Delete
Name: TREMBLAY, YVES
Address: 300 GOLDEN ISLES DR #211
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PELLETIER, JEAN-JACQUES
Address: 300 GOLDEN ISLES DR #101
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: AMBROSINO, H
Address: 300 GOLDEN ISLES DR #315
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VERNON IRELAND

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date