
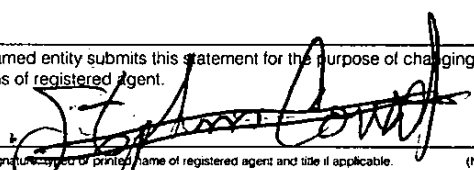

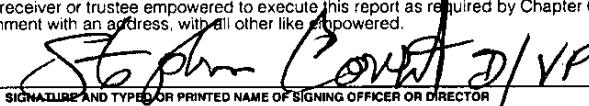


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2005 8:00 am**  
**Secretary of State**

07-06-2005 90033 021 \*\*\*\*61.25

<b>DOCUMENT # 720845</b> 1. Entity Name <b>NO.1 CONDOMINIUM ASSOCIATION OF PARADISE HARBOUR OF NORTH PALM BEACH, INC.</b>					
Principal Place of Business <b>100 PARADISE HARBOUR BLVD. NORTH PALM BCH, FL 33408 US</b>			Mailing Address <b>PARADISE HARBOUR CONDO NO. 1 100 PARADISE HARBOUR BLVD #506 NORTH PALM BCH, FL 33408 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07012005    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>54-1357778</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FOSTER, GIRARD J 100 PARADISE HARBOUR BLVD #404 N PALM BEACH, FL 33408</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature of or printed name of registered agent and title if applicable.</small> </div> <div>  </div> <div> <b>7-1-05</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/</b> <b>FOSTER, GIRARD J</b> <b>100 PARADISE HBR BLVD #404</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S NELSON PARRISH</b> <b>100 PARADISE HBR. BLVD #504</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOITSCHKE, FRED</b> <b>100 PARADISE HBR BLVD #205</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P CUSHMAN, DON</b> <b>100 PARADISE HBR. BLVD. #107</b> <b>N. PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FENTON, JANE</b> <b>100 PARADISE HARBOUR DR #212</b> <b>NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V COVERT, STEPHEN</b> <b>100 PARADISE HBR. BLVD #506</b> <b>NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>CUSHMAN, DON</b> <b>100 PARADISE HARBOUR BLVD #107</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T FOSTER, GIRARD J.</b> <b>100 PARADISE HARBOUR BLVD #404</b> <b>NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>COVERT, STEPHEN</b> <b>100 PARADISE HBR BLVD #506</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/WOITSCHKE, FRED</b> <b>100 PARADISE HARBOUR BLVD. #205</b> <b>NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>7-1-05</b> <b>561-882-0660</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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