


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 720845	
1. Entity Name NO. 1 CONDOMINIUM ASSOCIATION OF PARADISE HARBOUR OF NORTH PALM BEACH, INC.	

Principal Place of Business 100 PARADISE HARBOUR BLVD. NORTH PALM BCH, FL 33408 US	Mailing Address PARADISE HARBOUR CONDO NO. 1 100 PARADISE HARBOUR BLVD #506 NORTH PALM BCH, FL 33408 US
--	--

DO NOT WRITE IN THIS SPACE



07102006 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-1357778	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 FOSTER, GIRARD J 100 PARADISE HARBOUR BLVD #404 N PALM BEACH, FL 33408
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FOSTER, GIRARD J 100 PARADISE HBR BLVD #404 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOITSCHECK, FRED 100 PARADISE HBR BLVD #205 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, NELSON 100 PARADISE HARBOUR DR #212 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUSHMAN, DON 100 PARADISE HARBOUR BLVD #107 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COVERT, STEPHEN 100 PARADISE HBR BLVD #506 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000570750
07/18/06-80008-023 61.25

DO NOT WRITE IN THIS SPACE

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: Stephen Covert, Vice Pres 7-10-05 561-882-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #