


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90034 048 ****61.25

DOCUMENT # 745077 1. Entity Name PARADISE PARK CONDOMINIUM ASSOCIATION INC.	
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Principal Place of Business 46900 BERMONT ROAD PUNTA GORDA FL 33982	Mailing Address 46900 BERMONT ROAD PUNTA GORDA FL 33982
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2076094	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent GUSTAFSON, JACK 46900 BERMONT RD UNIT 214 PUNTA GORDA FL 33982	7. Name and Address of New Registered Agent Name <u>J Glenn Jarrell</u> Street Address (P.O. Box Number is Not Acceptable) <u>46900 BERMONT Rd Unit 172</u> City <u>Punta Gorda</u> FL Zip Code <u>33982</u>
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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 J Jarrell
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW - 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, PEARL 46900 BERMONT RD UNIT 113 PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUSTAFSON, JACK 46900 BERMONT RD., UNIT 214 PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, LILLY 46900 BERMONT RD/UNIT 68 PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARRELL, GLENN J 46900 BERMONT RD UNIT 172 PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, ALLEN 46900 BERMONT RD. UNIT 160 PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIS, WHITE 46900 BERMONT RD UNIT 172 PUNTA GORDA FL 33982 <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 exemptions contained in Section 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: J Jarrell