

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90189 005 ****61.25

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01082007 No Chg-NP CR2E037 (4/06)

DOCUMENT # 745077
 1. Entity Name
 PARADISE PARK CONDOMINIUM ASSOCIATION INC.



Principal Place of Business 46900 BERMONT ROAD PUNTA GORDA, FL 33982	Mailing Address 46900 BERMONT ROAD PUNTA GORDA, FL 33982
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2076094	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
 JARRELL, GLENN J
 46900 BERMONT RD
 UNIT 172
 PUNTA GORDA, FL 33982

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, PEARL 46900 BERMONT RD UNIT 113 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUSTAFSON, JACK 46900 BERMONT RD., UNIT 214 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, LILLY 46900 BERMONT RD/UNIT 68 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARRELL, GLENN J 46900 BERMONT RD UNIT 172 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, ALLEN 46900 BERMONT RD. UNIT 160 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIS, WHITE 46900 BERMONT RD UNIT 172 PUNTA GORDA, FL 33982

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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: J Jarrell JG Jarrell 1/9/2006 941-639-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #