


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90075 002 ****61.25

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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2076094

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARRELL, GLENN J
 46900 BERMONT RD
 UNIT 172
 PUNTA GORDA, FL 33982

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE: *1/15/2008*

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Townes, Lenora	
STREET ADDRESS	46900 BERMONT RD UNIT 88	
CITY-ST-ZIP	Punta Gorda, FL 33982	

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: *[Signature]* *1/15/2008* *941-639-2680*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #