

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755258

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** PARADOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3940 RADIO RD  
111  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3940 RADIO RD  
111  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-2169329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANCHOR ASSOCIATES, INC.  
3940 RADIO RD 111  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: SCHILLING, TOM  
Address: 1200 GULFSHORE BLVD  
City-St-Zip: NAPLES, FL 34102

Title: DS ( ) Delete  
Name: HUCBNER, LIZ  
Address: 1200 GULFSHORE BLVD #101  
City-St-Zip: NAPLES, FL 34102

Title: DVP ( ) Delete  
Name: THOMPSON, BRAD  
Address: 1207 3RD ST SO SUITE 1  
City-St-Zip: NAPLES, FL 34102

Title: DVP ( ) Delete  
Name: WISTRAN, DAN  
Address: 1200 GULFSHORE BLVD.  
City-St-Zip: NAPLES, FL 34102

Title: DP ( ) Delete  
Name: KORNS, PAM  
Address: 1200 GULFSHORE BLVD N 203  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: HILLMAN, LIZ  
Address: 1200 GULFSHORE BLVD #302  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY HINGSTON

RA

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date