


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90074 019 \*\*\*\*61.25

**DOCUMENT # N03000010925**

1. Entity Name  
**PARADISE POINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business : Mailing Address  
**11755 S.W. 90TH STREET, SUITE 210** **12350 SW 132 CT**  
**MIAMI, FL 33186** **114**  
**MIAMI, FL 33186**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**12350 SW 132 COURT** **12350 SW 132 COURT**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**114** **114**

City & State City & State  
**MIAMI, FL** **MIAMI, FL**

Zip Country Zip Country  
**33186 USA** **33186 USA**

40104500



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For  
**20-1313921** Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALLIED PROPERTY GROUP, INC.**  
**12350 SW 132 CT.**  
**114**  
**MIAMI, FL 33186**

7. Name and Address of New Registered Agent  
 Name **MICHAEL HALBERG.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10800 BISCAYNE BND.**  
**St# 988**  
 City **MIAMI** FL Zip Code **33161**

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 Michael Halberg. DATE 4-24-07.  
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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERA, DANIEL 12350 SW 132 CT. #114 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP&T GONZALEZ, ALBERT 12350 SW 132 CT. #114 MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC COLLAZO, PEDRO 12350 SW 132 CT. #114 MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NERCEDES CAIRO 12350 SW 132 CT SUITE 114. MIAMI, FL 33186. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Mercedes Cairo. DATE 4-23-07.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #