

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010925

FILED
Apr 30, 2009
Secretary of State

Entity Name: PARADISE POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8600 NW 17 STREET
SUITE 170
DORAL, FL 33126

New Principal Place of Business:

1450 NW 87TH AVENUE
SUITE 204
DORAL, FL 33172

Current Mailing Address:

8600 NW 17 STREET
SUITE 170
DORAL, FL 33126

New Mailing Address:

1450 NW 87TH AVENUE
SUITE 204
DORAL, FL 33172

FEI Number: 20-1313921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, AND FRANKEL, PA
4000 HOLLYWOOD BLVD
SUITE 265-S
HOLLYWOOD, FL 33021 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: VP/D () Delete
Name: CAIRO, MERCEDES
Address: 8600 NW 17 STREET, SUITE 170
City-St-Zip: DORAL, FL 33126

Title: D () Delete
Name: GONZALEZ, ALBERT
Address: 8600 NW 17 STREET, SUITE 170
City-St-Zip: DORAL, FL 33126

Title: S/D () Delete
Name: GARCIA, JOSE
Address: 8600 NW 17 STREET, SUITE 170
City-St-Zip: DORAL, FL 33126

Title: P/D () Delete
Name: PICHES, XAVIER
Address: 8600 NW 17 STREET, SUITE 170
City-St-Zip: DORAL, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: CAIRO, MERCEDES
Address: 1450 NW 87TH AVENUE, SUITE 204
City-St-Zip: DORAL, FL 33172

Title: D (X) Change () Addition
Name: GONZALEZ, ALBERT
Address: 1450 NW 87TH AVENUE, SUITE 204
City-St-Zip: DORAL, FL 33172

Title: S/D (X) Change () Addition
Name: GARCIA, JOSE
Address: 1450 NW 87TH AVENUE, SUITE 204
City-St-Zip: DORAL, FL 33172

Title: P/D (X) Change () Addition
Name: PICHES, XAVIER
Address: 1450 NW 87TH AVENUE, SUITE 204
City-St-Zip: DORAL, FL 33172

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: MERCEDES CAIRO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date