


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

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000000297  
1. Entity Name  
PARADISE GROVE OWNERS' ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
5365 E CO HWY 30-A STE 105      5365 E CO HWY 30-A STE 105  
SEAGROVE BCH, FL 32459      SEAGROVE BCH, FL 32459

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
20-2184940      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
WATSON, FRANKLIN H  
5365 E CO HWY 30-A STE 105  
SEAGROVE BCH, FL 32459

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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	DPT WATSON, FRANKLIN H 5365 E CO HWY 30-A STE 105 SEAGROVE BCH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARINO, BERNADETTE 5365 E CO HWY 30-A, STE 105 SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, KIMBERLY W 5365 E CO HWY 30-A STE 105 SEAGROVE BCH, FL 32459
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01/13/07-80017-011 61.25

**DO NOT WRITE IN THIS SPACE**

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:       1-4-06      850-2313465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #