


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 5365 E CO HWY 30-A STE 105 SEAGROVE BCH, FL 32459	Mailing Address 5365 E CO HWY 30-A STE 105 SEAGROVE BCH, FL 32459
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2184940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by May 1, 2008

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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 01/24/08-80013-0061 61.25

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: Bernadette Marino 1/21/08 (850) 231-3465
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #