

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000297

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: PARADISE GROVE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5365 E CO HWY 30-A STE 105  
SEAGROVE BCH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

5365 E CO HWY 30-A STE 105  
SEAGROVE BCH, FL 32459

**New Mailing Address:**

FEI Number: 20-2184940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATSON, FRANKLIN H  
5365 E CO HWY 30-A STE 105  
SEAGROVE BCH, FL 32459 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: DPT ( ) Delete  
Name: WATSON, FRANKLIN H  
Address: 5365 E CO HWY 30-A STE 105  
City-St-Zip: SEAGROVE BCH, FL 32459

Title: DVS ( ) Delete  
Name: MARINO, BERNADETTE  
Address: 5365 E CO HWY 30-A, STE 105  
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: D ( ) Delete  
Name: SEWELL, KIMBERLY W  
Address: 5365 E CO HWY 30-A STE 105  
City-St-Zip: SEAGROVE BCH, FL 32459

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

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: BERNADETTE MARINO

DVS

03/02/2009

Electronic Signature of Signing Officer or Director

Date