

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90006 006 ****66.25

DOCUMENT # 736931

1. Entity Name
**THE PARADISE SHORES SOCIAL AND SERVICE CLUB,
INC.**



Principal Place of Business
**5230 81ST ST NORTH
ST PETERSBURG, FL 33709**

Mailing Address
**5230 81ST ST NORTH
ST PETERSBURG, FL 33709**

40030000



06072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1689504

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIEMI, JOAN
5246 N 81 ST #17
ST PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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
**T
SMALLEY, ELTON B.
5286 81ST STREET NORTH, APT. #9
ST. PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NIEMI, JOAN
5246 N 81 ST #17
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHOMER, ORA
5267 81ST ST N
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYAN, LINDA
5286 81ST N., APT #9
SAINT PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOHNE, VIRGINIA
5246 81ST NOR, APT 16
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LOPEZ, PETER
5246 N. 81ST N., APT #14
SAINT PETERSBURG, FL 33709**

**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:

Joan Niemi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-06
Date

727-544-4854
Daytime Phone #