

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711189

**Entity Name:** PARADISE HARBOUR APTS. INC.**Current Principal Place of Business:**300 GOLDEN ISLES DR.  
HALLANDALE, FL 33009**Current Mailing Address:**300 GOLDEN ISLES DR.  
HALLANDALE, FL 33009**FEI Number:** 59-1170609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IRELAND, VERNON W  
300 GOLDEN ISLES DR. 117  
HALLANDALE, FL 33009 US*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**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            IRELAND, VERNON W  
Address        300 GOLDEN ISLES DR #117  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            CAVOTTA, JOHN  
Address        300 GOLDEN ISLES DRIVE, #215  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            TREASURER, DIRECTOR  
Name            TREMBLAY, YVES  
Address        300 GOLDEN ISLES DR #211  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            SECRETARY, DIRECTOR  
Name            MALOUIN, MAURICE  
Address        300 GOLDEN ISLES DR #106  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VP, DIRECTOR  
Name            MORAN, DAN  
Address        300 GOLDEN ISLES DR #214  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            RUFER, RENE  
Address        300 GOLDEN ISLES DR. #112  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            BOUDREAU, PIERRE  
Address        300 GOLDEN ISLES DR. #108  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby 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 all other like empowered.*

**SIGNATURE:** VERNON IRELAND**PRESIDENT****03/26/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date