

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736931

Entity Name: THE PARADISE SHORES SOCIAL AND SERVICE CLUB, INC.**Current Principal Place of Business:**5230 81ST ST NORTH
ST PETERSBURG, FL 33709**Current Mailing Address:**5246 81ST STREET NORTH
UNIT 14
ST. PETERSBURG, FL 33709**FEI Number:** 59-1689504**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, PETER
5246 81ST STREET NORTH UNIT 14
ST PETERSBURG, FL 33709 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	P
Name	LULA, MARY .
Address	5227 81ST LANE N UNIT 3
City-State-Zip:	ST. PETERSBURG FL 33709

Title	S
Name	TOOPE, TERESA
Address	5287 81ST STREET N UNIT 19
City-State-Zip:	ST PETERSBURG FL 33709

Title	D
Name	BOHNE, VIRGINIA
Address	5246 81ST STREET N UNIT 16
City-State-Zip:	ST PETERSBURG FL 33709

Title	V
Name	BARROS, LOIS
Address	5287 81ST STREET N UNIT 18
City-State-Zip:	ST PETERSBURG FL 33709

Title	T
Name	LOPEZ, PETER
Address	5246 81ST STREET N UNIT 14
City-State-Zip:	SAINT PETERSBURG FL 33709

Title	D
Name	CORMIER, ALMA
Address	5257 81ST LANE N UNIT 14
City-State-Zip:	SAINT PETERSBURG FL 33709

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: PETER LOPEZ**TREASURER****02/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date