

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000297

**FILED  
Jun 16, 2020  
Secretary of State  
0397063638CC**

**Entity Name:** PARADISE GROVE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2827 JOAN AVENUE  
SUITE B  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

P. O. BOX 18257  
PANAMA CITY BEACH, FL 32417 US

**FEI Number:** 20-2184940

**Certificate of Status Desired:** No

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

SLOAN, TIMOTHY  
427 MCKENZIE AVENUE  
PANAMA CITY , FL 32401 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:** TIMOTHY SLOAN

06/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name POWELL, HOSIE  
Address 410 PARADISE AVENUE  
City-State-Zip: PANAMA CITY BEACH FL 32417

Title VP  
Name PELLEGRINI, FRANK  
Address 440 PARADISE BLVD  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title PRESIDENT  
Name HENDERSON, JAMES  
Address 409 PARADISE BLVD  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title DIRECTOR  
Name MALFARA, RICK  
Address 441 PARADISE BLVD  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title SECRETARY  
Name WOOLERY, RAY  
Address 487 PARADISE BLVD  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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:** JAMES HENDERSON

PRESIDENT

06/16/2020

Electronic Signature of Signing Officer/Director Detail

Date