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. 03/17/2015 VP

SIGNATURE: JOHN CORSE

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800009782

Entity Name: PARADISE KEY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

707 PENINSULAR PLACE SUITE 250 JACKSONVILLE, FL 32204

Current Mailing Address:

707 PENINSULAR PLACE SUITE 250 JACKSONVILLE, FL 32204 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORSE, JOHN D 707 PENINSULAR PLACE SUITE 250 JACKSONVILLE, FL 32204 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:

Officer/Director Detail ·

Officer/Director Detail.			
Title	PTD	Title	VSD
Name	WALTON, ALONZO D	Name	CORSE, JOHN D
Address	707 PENINSULAR PLACE	Address	707 PENINSULAR PLACE
City-State-Zip:	JACKSONVILLE FL 32204	City-State-Zip:	JACKSONVILLE FL 32204

Certificate of Status Desired: No

FILED Mar 17, 2015 Secretary of State CC2015685917

Date

Date