


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 707485	
1. Entity Name PARADISE COMMUNITY CLUB, INC.	

Principal Place of Business 1426 HILLWAY ROAD P.O. BOX 53 APOPKA, FL 32703	Mailing Address 1426 HILLWAY ROAD P.O. BOX 53 APOPKA, FL 32703
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02222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1059935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUMBIE, PATSY 1426 HILLWAY RD. APOPKA, FL 32703

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	REEL, RICHARD 2904 SUNSET RD APOPKA, FL 32703
TITLE VP	ARNOLD, JOE 2910 SUNSET RD. APOPKA, FL 32703
TITLE T	CUMBIE, PATSY 1426 HILLWAY RD. APOPKA, FL
TITLE D	JOSEY, RAYMOND 1275 JASMINE ROAD APOPKA, FL
TITLE D	DOWLING, ROY 1635 BALMY BEACH DR APOPKA, FL 32703
TITLE S	REEL, THELMA 2904 SUNSET RD APOPKA, FL 32703

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patsy Cumbie **PATSY CUMBIE** 2/25/05 407-886-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #