

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90412 026 ****61.25

DOCUMENT # 713753 1. Entity Name PAGET HOUSE CONDOMINIUM CO., INC.					
Principal Place of Business % MANAGEMENT SERVICES 5011 N. OCEAN BLVD OCEAN RIDGE, FL 33435			Mailing Address % MANAGEMENT SERVICES 5011 N. OCEAN BLVD OCEAN RIDGE, FL 33435		
2. Principal Place of Business - No P.O. Box # 5520 N. Ocean Blvd.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012007 Chg-NP CR2E037 (12/06)	
City & State Ocean Ridge, FL 33435		City & State		4. FEI Number 59-1284802	
Zip 33435		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AASKOV, GAIL ADAMS % MANAGEMENT SERVICES 5011 N. OCEAN BLVD OCEAN RIDGE, FL 33435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILBURN, DORY 5520 NORTH OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeFelice, Elizabeth 5520 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDLER, SHERRY 5220 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andras, Joan 5520 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORRELLI, FRANK 5520 N OCEAN BLVD. OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, REBECCA 5520 NORTH OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for officers and directors)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/1/07 <small>Date</small>		
Gail A. Aaskov			561-276-3220 <small>Daytime Phone #</small>		