


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 013 \*\*\*\*61.25

<b>DOCUMENT # 713753</b>					
1. Entity Name PAGET HOUSE CONDOMINIUM CO., INC.					
Principal Place of Business 5520 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1284802	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AASKOV, GAIL ADAMS % MANAGEMENT SERVICES 5011 N. OCEAN BLVD OCEAN RIDGE, FL 33435			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<del>Doris Biskind</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBURN, DORY		NAME		
STREET ADDRESS	5520 NORTH OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDLER, SHERRY		NAME	Biskind Doris	
STREET ADDRESS	5220 N OCEAN BLVD		STREET ADDRESS	5520 N Ocean Blvd #203	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEAD, REBECCA		NAME	Marcuccio, Jack	
STREET ADDRESS	5520 NORTH OCEAN BLVD		STREET ADDRESS	5520 N. Ocean Blvd #206	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFELICE, ELIZABETH		NAME		
STREET ADDRESS	5520 N. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	DVP P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRAS, JOAN		NAME		
STREET ADDRESS	5520 N. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jack Marcuccio</i>		4/10/08		561-276-3220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Jack Marcuccio					