

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716001

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CASA PARADISO NORTH, INC.

## Current Principal Place of Business:

541 BLUE HERON DRIVE  
102C  
HALLANDALE, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

541 BLUE HERON DRIVE  
102C  
HALLANDALE, FL 33009

## New Mailing Address:

FEI Number: 59-1267612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRZEWSKI, HELEN  
541 BLUE HERON DR  
APT 118 C  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KRIVIT, ALAN  
Address: 541 BLUE HERON DRIVE  
City-St-Zip: HALLANDALE FLA, 33009

Title: T ( ) Delete  
Name: STRZEWSKI, HELEN  
Address: 541 BLUE HERON DRIVE  
City-St-Zip: HALLANDALE, FL

Title: V ( ) Delete  
Name: LYONNAIS, ROBERT  
Address: 541 BLUE HERON DRIVE  
City-St-Zip: HALLANDALE, FL

Title: S ( ) Delete  
Name: MONICES, GENEVIEVE  
Address: 541 BLUE HERON DRIVE  
City-St-Zip: HALLANDALE, FL

Title: S ( ) Delete  
Name: LYONNAIS, DIANNE  
Address: 541 BLUE HERON DRIVE  
City-St-Zip: HALLANDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN KRIVIT

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date