

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717108

FILED
Feb 27, 2009
Secretary of State

Entity Name: PARADISE OF STUART, INC.

Current Principal Place of Business:

FISHERMANS PARADISE
3 SE SAILFISH LANE
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

FISHERMANS PARADISE
3 SE SAILFISH LANE
STUART, FL 34996

New Mailing Address:

FEI Number: 59-1709669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEOLI, SAM
284 SE SAILFISH LANE
STUART, FL 34996 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: PD () Delete
Name: ZEOLI, SAM
Address: 284 SE SALEIGH LN
City-St-Zip: STUART, FL 34996

Title: VD () Delete
Name: STEVENSON, GLADYS
Address: 200 SE SAILFISH LANE
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: SANDLER, KAREN
Address: 3 SE SAILFISH LN
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: CAMPBELL, NICKY
Address: 93 SE SAILFISH LANE
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: EBDEL, JOHN
Address: 63 SE SAILFISH LANE
City-St-Zip: STUART, FL 34996

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: D (X) Change () Addition
Name: ENGEL, JOHN
Address: 63 SE SAILFISH LANE
City-St-Zip: STUART, FL 34996

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: SAM ZEOLI

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date