
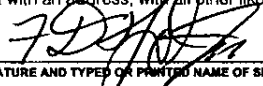


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 001 ****61.25

DOCUMENT # 717216 1. Entity Name PARADISE GARDENS-II, INC., A CONDOMINIUM					
Principal Place of Business 2415 LINCOLN STREET HOLLYWOOD, FL 33020			Mailing Address 2415 LINCOLN STREET HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1285072	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LLOYD, FREDERICK D JR 1452 KILRUSH DR ORMOND BEACH, FL 32174			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, 2008		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$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	PD FRANCESCHINI, RAFAEL <input type="checkbox"/> Delete 2415 LINCOLN ST. APT 103 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rafael Franceschini <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STOKILO, JEFF <input checked="" type="checkbox"/> Delete 2415 LINCOLN ST APT 105 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARPENTER, CHARLES <input type="checkbox"/> Delete 2415 LINCOLN STREET., #202 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Charles Carpenter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALFIERI, ANTHONY <input type="checkbox"/> Delete 2415 LINCOLN ST APT 207 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUEVAS, NADJA <input type="checkbox"/> Delete 2415 LINCOLN APT 307 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  FREDERICK D. LLOYD JR. 4-12-08 386-615-4572 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03082008 Chg-NP CR2E037 (12/06)