

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

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 719742**

1. Entity Name  
**PARADISE SHORES APARTMENTS, INC.**



Principal Place of Business  
**5230 81ST ST. NO.  
ST. PETERSBURG, FL 33709**

Mailing Address  
**5230 81ST ST. NO.  
ST. PETERSBURG, FL 33709**



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1508492**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CROSBY, LARRY  
5267 81ST STREET NO. #19  
ST. PETERSBURG, FL 33709**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BRENNER, LARRY
STREET ADDRESS	5267 81ST ST. N. APT 17
CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	VPD
NAME	CROSBY, LARRY
STREET ADDRESS	5267 81 ST N #19
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	VPDT
NAME	JACKSTON, PHYLLIS
STREET ADDRESS	5217 81 ST N APT 1
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	S
NAME	SWEENEY, CATHERINE
STREET ADDRESS	5247 81ST ST NORTH, APT 23
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/23/08-80012-014-61:25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #