
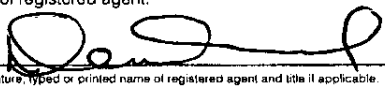
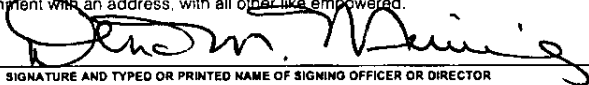


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90024 044 ****61.25

DOCUMENT # 722964 1. Entity Name THE PARADISE ISLAND CIVIC ASSOCIATION					
Principal Place of Business 14 ISLAND DR TREASURE ISLAND, FL 33706 US			Mailing Address 14 ISLAND DR TREASURE ISLAND, FL 33706 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02132008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3054634	
				Applied For <input type="checkbox"/> 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		
MINNING, DENA 14 ISLAND DR TREASURE ISLAND, FL 33706			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.</small>			DATE 2/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINNING, DENA		NAME		
STREET ADDRESS	14 ISLAND DR		STREET ADDRESS		
CITY - ST - ZIP	TREASURE ISLAND, FL 33706		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATUL, SHAH		NAME		
STREET ADDRESS	1033 YACHT CLUB DR		STREET ADDRESS		
CITY - ST - ZIP	TREASURE ISLAND, FL 33706		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCONNELL, FRANK		NAME		
STREET ADDRESS	10104 YACHT CLUB DR		STREET ADDRESS		
CITY - ST - ZIP	TREASURE ISLAND, FL 33706		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIRSCHMAN, PATRICIA		NAME		
STREET ADDRESS	23 DOLPHIN DRIVE		STREET ADDRESS		
CITY - ST - ZIP	TREASURE ISLAND, FL 33706		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENTWISTLE, CHARLES		NAME		
STREET ADDRESS	10117 YACHT CLUB DRIVE		STREET ADDRESS		
CITY - ST - ZIP	TREASURE ISLAND, FL 33706		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2/15/08 727 360-4499 <small>Date Daytime Phone #</small>		