2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726909

FILED Jul 10, 2006 Secretary of State

Entity Name: PARADISE GARDENS SECTION III HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
	GATE BLVD. E, FL 33063	
urrent M	lailing Address:	New Mailing Address:
	GATE BLVD. E, FL 33063	
accordan	: 23-7334866 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation d	lid not receive the prior notice.
ame and	Address of Current Registered Agent	: Name and Address of New Registered Agent:
	JEL 69 TERRACE E, FL 33063 US	
	named entity submits this statement for the of Florida.	the purpose of changing its registered office or registered agent, or both,
IGNATUF		
	Electronic Signature of Registered	Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
le: ıme: ldress: ty-St-Zip:	P () Delete MIGUEL, BEY 1375 NW 69 TERRACE MARGATE, FL 33063	Title: () Change () Addition Name: Address: City-St-Zip:
ile: ame: ldress: ty-St-Zip:	T () Delete KRAFT, ROSLYN 6950 N W 12TH STREET MARGATE, FL 33063	Title: () Change () Addition Name: Address: City-St-Zip:
ime: dress: ty-St-Zip: le: ime: dress:	KRAFT, ROSLYN 6950 N W 12TH STREET	Name: Address:
ime: dress:	KRAFT, ROSLYN 6950 N W 12TH STREET MARGATE, FL 33063 1VP () Delete JANICE, THORN 6990 NW 11TH ST.	Name: Address: City-St-Zip: Title: 1VP (X) Change () Addition Name: LESTER, MILDRED Address: 6945 NW 14 PLACE
me: dress: y-St-Zip: le: me: dress: y-St-Zip: le: me: dress: dress:	KRAFT, ROSLYN 6950 N W 12TH STREET MARGATE, FL 33063 1VP () Delete JANICE, THORN 6990 NW 11TH ST. MARGATE, FL 33063 S () Delete LESTER, MILDRED 6945 NW 14 PLACE	Name: Address: City-St-Zip: Title: 1VP (X) Change () Addition Name: LESTER, MILDRED Address: 6945 NW 14 PLACE City-St-Zip: MARGATE, FL 33063 Title: S (X) Change () Addition Name: DESEUZE, ANA Address: 6945 NW 14 PLACE

I hereby certify that the information supplied with this filing does not qualify for the 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: MIGUEL BEY P 07/10/2006