2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 04, 2007
Secretary of State

DOCUMENT# 726909

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

Current Principal Place of Business:

6935 MARGATE BLVD.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6935 MARGATE BLVD.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 23-7334866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESTER, MILDRED D
6945 NW 14TH PLACE
MARGATE, FL 33063 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: P ( ) Delete
Name: MILDRED, LESTER D
Address: 6945 NW 14TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: KRAFT, ROSLYN
Address: 6950 N W 12TH STREET
City-St-Zip: MARGATE, FL 33063

Title: 1VP ( ) Delete
Name: BUDNIK, EDMUND
Address: 6955 NW 14TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete
Name: MERIZZI, ELIZABETH
Address: 7005 NW 11TH STREET
City-St-Zip: MARGATE, FL 33063

Title: 2VP ( ) Delete
Name: LYDTING, DENNIS
Address: 1420 69TH TERRACE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: BOWERS, JANIS
Address: 1210 NW 70 LANE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MILDRED, LESTER D
Address: 6945 NW 14TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: TREA (X) Change ( ) Addition
Name: CUMINAL, AMY A
Address: 6901 NW 15TH. STREET
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC. (X) Change ( ) Addition
Name: DONADIO, DEDORAH
Address: 1485 NW 70TH LANE
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MILDRED D. LESTER PRES 07/04/2007

Electronic Signature of Signing Officer or Director — Date