


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90092 042 ****61.25

DOCUMENT # 731374 1. Entity Name PARADISE POINTE WEST COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 11945 PARADISE POINTE WAY NEW PORT RICHEY, FL 34654				Mailing Address 11945 PARADISE POINTE WAY NEW PORT RICHEY, FL 34654	
2. Principal Place of Business <i>11945 Paradise Pointe Way</i> Suite, Apt. #, etc.		3. Mailing Address <i>11945 Paradise Pointe Way</i> Suite, Apt. #, etc.			
City & State <i>New Port Richey, FL</i> Zip <i>34654</i>		City & State <i>New Port Richey, FL</i> Zip <i>34654</i>		4. FEI Number 59-1582935	
Country <i>USA</i>		Country <i>USA</i>		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 CORBIN, CECILIA 11825 CARISSA LA. NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent 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 <i>Cecilia Corbin</i> <i>Cecilia Corbin</i> <i>4/8/05</i> <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, 2005		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAISER, JEAN <input checked="" type="checkbox"/> Delete 11635 BOYNTON LANE NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYS, PATRICIA <input checked="" type="checkbox"/> Delete 11915 CARISSA LA. NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KILCOIN, GERALDINE <input type="checkbox"/> Delete 11817 BAYONET LANE NEW PORT RICHEY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBIN, CECILIA <input type="checkbox"/> Delete 11825 CARISSA LA. NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEVE CAYILLE 11348 CHERRY WAY NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANK SCARBIND 11713 BOYNTON LN NEW PORT RICHEY, FL 34654				
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"/> Change <input type="checkbox"/> Addition				
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 exemption stated in Section 119.07(3)(i), 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: <i>Cecilia Corbin</i> <i>Treasurer</i> <i>4/8/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					