

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90294 030 ****70.00

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1582935	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 JON S. GAY Street Address (P.O. Box Number is Not Acceptable) 11338 CHERRY WAY LN City NEW PORT RICHEY FL Zip Code 34654					
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 <u>JON S. GAY</u> <u><i>Jon S. Gay</i></u> <u>4-28-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAVILLE, STEVE 11348 CHERRY WAY NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCARAVIND, FRANK 11713 BOYNTON LN NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLADYS GWINN 11905 CARISSA LN NEW PORT RICHEY FLA 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KILCOIN, GERALDINE 11817 BAYONET LANE NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBIN, CECILIA 11825 CARISSA LA. NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JON S. GAY 11338 CHERRY WAY LN NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: <u>JON S. GAY</u> <u><i>Jon S. Gay</i></u> <u>4-28-06</u> <u>727-856-1245</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					