


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90038 027 ****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 - No P.O. Box #		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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAY, JON S 11338 CHERRY WAY LN. NEW PORT RICHEY, FL 34654			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 _____ (NOTE: Registered Agent signature required when reinstating)					
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 PD	NAME HESS, WILLIAM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11332 CHERRY WAY	NEW PORT RICHEY, FL 34654		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME KILCOIN, GERALDINE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11817 BAYONET LANE	NEW PORT RICHEY, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME QWINN, GLADYS	<input checked="" type="checkbox"/> Delete	TITLE	NONE AT PRESENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11905 CARISSA LN	NEW PORT RICHEY, FL 34654		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME GAY, JON S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11338 CHERRY WAY LN	NEW PORT RICHEY, FL 34654		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	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 another like empowered.					
SIGNATURE: <i>Jon S. Gay</i>			JON S. GAY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/8/08 727-958-1245		
Date			Daytime Phone #		