

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731374

FILED
Apr 27, 2009
Secretary of State

Entity Name: PARADISE POINTE WEST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

11945 PARADISE POINTE WAY
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

11945 PARADISE POINTE WAY
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-1582935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAY, JON S
11338 CHERRY WAY LN.
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

GAY, JON S T
11338 CHERRY WAY LN.
NEW PORT RICHEY, FL 34654 US

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: JON S. GAY

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HESS, WILLIAM
Address: 11332 CHERRY WAY
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD () Delete
Name: KILCOIN, GERALDINE
Address: 11817 BAYONET LANE
City-St-Zip: NEW PORT RICHEY, FL

Title: T () Delete
Name: GAY, JON S
Address: 11338 CHERRY WAY LN
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP () Change (X) Addition
Name: KAMINSKI, MARRY
Address: 12015 BAYONET LN
City-St-Zip: NEW PORT RICHEY, FL 34654

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: JON S.GAY

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04/27/2009

Electronic Signature of Signing Officer or Director

Date