

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733692

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** PARADISE GARDENS SECTION III MAINTENANCE 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:** 59-1660847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSON, MICHAEL  
6940 NW 17TH ST  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

LINDIE, BETH G ESQ.  
315 SE 7 STREET  
SUITE 300  
FORT LAUDERDALE, FL 33301 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: BETH G. LINDIE, ESQ.

01/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: CATALANO, FRED  
Address: 6940 NW 11TH ST  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: SHUSTA, FRANK S  
Address: 6905 N.W. 11 CT  
City-St-Zip: MARGATE, FL 33063

Title: PD ( ) Delete  
Name: CARLSON, MICHAEL  
Address: 6940 NW 17TH ST  
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete  
Name: SAMASH, RONALD  
Address: 6925 NW 11TH ST  
City-St-Zip: POMPANO BEACH, FL 33063

Title: VP ( ) Delete  
Name: GARRETT, RALPH  
Address: 6950 NW 11TH ST  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: SAMASH, ELIZABETH  
Address: 6925 NW 11TH ST  
City-St-Zip: POMPANO BEACH, FL 33063

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: ( ) 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: RONALD SAMASH

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date