

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90285 011 \*\*\*\*61.25

**DOCUMENT # 735926**

1. Entity Name  
**STAR PARADISE CONDOMINIUM APTS., INC.**



Principal Place of Business  
414 N.E. SECOND ST.  
HALLANDALE, FL 33009-4362

Mailing Address  
C/O DCI, 2035 HARDING ST  
SUITE 200  
HOLLYWOOD, FL 33020

2. Principal Place of Business

3. Mailing Address  
**2035 Harding Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200**

City & State

City & State  
**Hollywood, Fl**

Zip

Country

Zip  
**33020**

Country  
**USA**

03272006 Clg-NP CR2E037 (11/05)

4. FEI Number  
**59-1833897**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEYROWITZ, ANDREW  
C/O DEVELOPMENT CONSULTANTS, INC  
2035 HARDING ST-SUITE 200  
HOLLYWOOD, FL 33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
SD  
MORIN, LINDA  
415 NE 2ND ST #226  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIGUERE, MARC  
415 NE 2ND #221  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ZAMER, WILLIAM  
415 NE 2ND ST #207  
HALLANDALE, FL 33009 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GAGNER, CONRAD  
415 NE 2ND ST N #227  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
NOLAN, DANIEL  
415 NE 2ND STREET UNIT #119  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MORIN, LINDA  
415 NE 2ND STREET, #226  
HALLANDALE, FL 33009 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Daniel Nolan  
415 NE 2nd Street #119  
Hallandale, FL 33009 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Richard Reid  
415 NE 2nd Street  
Hallandale, FL 33009 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Raymond Conti  
415 EN 2nd Street #129  
Hallandale, FL 33009 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Jean-Paul Gingras  
415 NE 2nd Street #105  
Hallandale, FL 33009 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-06**

Date

Daytime Phone #