

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90106 012 ****61.25

40080813



DOCUMENT # 735926 1. Entity Name STAR PARADISE CONDOMINIUM APTS., INC.			
Principal Place of Business 415 N.E. SECOND ST. HALLANDALE, FL 33009		Mailing Address 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O ASSOC. SVCS OF FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10112 USA TODAY WAY	
City & State		City & State MIRAMAR, FL.	
Zip	Country	Zip 33025	Country
4. FEI Number 59-1833897		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 BARBARA HEERDON Street Address (P.O. Box Number is Not Acceptable) C/O ASSOC. SVCS. OF FL. 10112 USA TODAY WAY City MIRAMAR FL Zip Code 33025	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	SD MORIN, LINDA 415 NE 2ND ST #226 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BOLLCHARD, GASTON 415 NE 2ND ST. #223 HALLANDALE, FL. 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIGUERE, MARC 415 NE 2ND #221 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REID, RICHARD 4062 TIMBER COVE LANE WESTON, FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNER, CONRAD 415 NE 2ND ST N #227 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD GAGNE, CONRAD 415 NE 2ND ST # 227 HALLANDALE, FL. 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, DANIEL 415 NE 2ND STREET UNIT #119 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONTI, RAYMOND 4480 PROMENADE PATON #409 CHOMEDEY LAVAL QUEBEC, CA h7w5ei	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
LINDA MORIN		Date 04/18/08 Daytime Phone #	