2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#735926

FILED Jan 25, 2010 Secretary of State

Entity Name: STAR PARADISE CONDOMINIUM APTS., INC.

Current Principal Place of Business:

New Principal Place of Business:

415 N.E. SECOND ST. HALLANDALE, FL 33009

Current Mailing Address:

New Mailing Address:

C/O ASSOC. SRVS OF FL 10112 USA TODAY WAY HOLLYWOOD, FL 33025 C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY

HOLLYWOOD, FL 33025

FEI Number: 59-1833897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SKRBIN, GEORGE C/O ASSOC. SRVS. OF FL 10112 USA TODAY WAY HOLLYWOOD, FL 33025 US SKRBIN, GEORGE C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY HOLLYWOOD, FL 33025 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: GEORGE SKRBIN

Electronic Signature of Registered Agent

Date

01/25/2010

OFFICERS AND DIRECTORS:

Title: PRES

 Name:
 NOLAN, DANIEL PRES

 Address:
 415 NE 2ND STREET - UNIT 119

 City-St-Zip:
 HALLANDALE, FL 33009

Title: VP

Name: MCKAY, RONALD VP Address: 415 NE 2ND STREET - #216 City-St-Zip: HALLANDALE, FL 33009

Title: SEC

Name: GAGNE, CONRAD SEC
Address: 415 NE 2ND STREET - UNIT 227
City-St-Zip: HALLANDALE, FL 33009

Title: TRES

Name: BOUCHARD, GASTON TRES
Address: 415 NE 2ND STREET - UNIT 223
City-St-Zip: HALLANDALE, FL 33009

City-St-Zip. TIALLANDALL, I'L

Title: DIR

Name: POTTER, TOM DIR

Address: 415 NE 2ND STREET UNIT #102 City-St-Zip: HALLANDALE, FL 33009

Title: DIR

Name: SANTANDERRA, BERNARD DIR Address: 415 NE 2ND STREET - UNIT 102 City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: DANIEL NOLAN PRES 01/25/2010