

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735926

FILED  
Feb 07, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1833897      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BOUCHER, PIERRE VP  
Address: 415 NE 2ND STREET - UNIT 127  
City-St-Zip: HALLANDALE, FL 33009

Title: P  
Name: BOUCHARD, GASTON P  
Address: 415 NE 2ND STREET - #223  
City-St-Zip: HALLANDALE, FL 33009

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

Title: TR  
Name: MORIN, LINDA TR  
Address: 415 NE 2ND STREET - UNIT 223  
City-St-Zip: HALLANDALE, FL 33009

Title: DIR  
Name: TRIMINO, DUBIEL DIR  
Address: 415 NE 2ND STREET UNIT #112  
City-St-Zip: HALLANDALE, FL 33009

Title: DIR  
Name: GIGUERE, MARC ANDRE DIR  
Address: 415 NE 2ND STREET - UNIT 221  
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: GASTON BOUCHARD

P

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date