2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# 737653

Entity Name: PARADISE ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3531 NE 170TH ST
% CHARLES ABELL
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

3531 NE 170TH ST
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

3531 NE 170TH ST
% CHARLES ABELL
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

3531 NE 170TH ST
NORTH MIAMI BEACH, FL 33160

FEI Number: 59-1986984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED FINANCIAL PROPERTY MANAGEMENT
3531 NE 170TH ST
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

MESENHIMER, DENNIS W MR
3531 NE 170TH ST
302
NORTH MIAMI BEACH, FL 33160 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: DENNIS W MESENHIMER 04/17/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ABELL, CHARLES
Address: 3531 NE 170TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: ORTIZ, MARIA
Address: 3531 NE 170 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: PD ( ) Delete
Name: SELIPPA, VIVIAN
Address: 3531 NE 170 STREET
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MESENHIMER, DENNIS W MR
Address: 3531 NE 170TH ST, #302
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: STD (X) Change ( ) Addition
Name: ORTIZ, MARIA MS
Address: 3531 NE 170 ST, #201
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VPD (X) Change ( ) Addition
Name: SLIPPA, VIVIAN R MS
Address: 3531 NE 170 STREET, #304
City-St-Zip: MIAMI, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS W MESENHIMER PD 04/17/2004
Electronic Signature of Signing Officer or Director Date