

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90125 009 ****70.00

DOCUMENT # 737653

1. Entity Name
PARADISE ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3531 NE 170TH ST
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**3531 NE 170TH ST
NORTH MIAMI BEACH, FL 33160**

20022268



03032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1986984

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCLIPPA, VIVIAN R MS.
3531 NE 170TH ST
304
NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name **Straley + Otto, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
3990 Sheridan Street, #109
City **Hollywood** FL Zip Code **33021**

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

Charles F. Otto, Esq.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-3-06
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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCLIPPA, VIVIAN R MS	
STREET ADDRESS	3531 NE 170TH ST, #304	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, MARIA MS	
STREET ADDRESS	3531 NE 170 ST, #201	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ANA MS	
STREET ADDRESS	3531 NE 170 STREET, #203	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABELL, CHARLES MR	
STREET ADDRESS	3531 NE 170 STREET, #205	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, ALEXANDER MR	
STREET ADDRESS	3531 NE 170 STREET, #304	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Browne, Jeffrey	
STREET ADDRESS	3531 NE 170 Str.	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turino, Ketty	
STREET ADDRESS	3531 NE 170 Str.	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Lebsica	
STREET ADDRESS	3531 NE 170 Str.	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramos, Javier	
STREET ADDRESS	3531 NE 170 Str.	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lima, Guilherme	
STREET ADDRESS	3531 NE 170 Str.	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jeffrey Browne, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2006 786 402 8340
Date Daytime Phone #