2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737653

FILED Feb 04, 2009 Secretary of State

Entity Name: PARADISE ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	170TH ST MAMI BEACH, I	FL 33160			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	170TH ST MIAMI BEACH, I	FL 33160			
FEI Numbe	r: 59-1986984	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2699 STIF SUITE C- FT. LAUC The above	DERDALE, FL 3		ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
OFFICER Title: Name: Address: City-St-Zip:	PD () BROWNE, JEF 3531 NE 170 S	Delete FREY	ADDITIONS/CHANC Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () BROWNE, JEF 3531 NE 170 S NORTH MIAMI VD () TURINO, KETT 3531 NE 170 S	Delete FREY T BEACH, FL 33160 Delete Y	Title: Name: Address:		
Title: Name: Address:	PD () BROWNE, JEF 3531 NE 170 S NORTH MIAMI VD () TURINO, KETT' 3531 NE 170 S NORTH MIAMI SD () GONZALEZ, LE 3531 NE 170 S	Delete FREY T BEACH, FL 33160 Delete Y T BEACH, FL 33160 Delete BEACH, FL 33160	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () BROWNE, JEF 3531 NE 170 S NORTH MIAMI VD () TURINO, KETT 3531 NE 170 S NORTH MIAMI SD () GONZALEZ, LE 3531 NE 170 S NORTH MIAMI TD () RAMOS, JAVIE 3531 NE 170 S	Delete FREY T BEACH, FL 33160 Delete Y T BEACH, FL 33160 Delete EBSICA T BEACH, FL 33160 Delete COMBEACH, FL 33160 Delete COMBEACH, FL 33160 Delete R	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID COOPER MGR 02/04/2009