


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90030 041 ****61.25

DOCUMENT # 737786

1. Entity Name
PARADISE BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 180-0 PARADISE BLVD.
 INDIALANTIC, FL 32903

Mailing Address
 180-0 PARADISE BLVD.
 INDIALANTIC, FL 32903

40101060



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07102006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
 59-1790607

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PECORARO, RAYMOND P
 170-14 PARDISE BLVD.
 INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent
 Name *Patricia M. Coles*
 Street Address (P.O. Box Number is Not Acceptable)
180-20 Paradise Blvd.
 City *India lantic* FL Zip Code *32903*

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 *Patricia M. Coles* *Patricia M. Coles* *7/19/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	Secretary KOVAC, ROSEMARIE 190-16 PARADISE BLVD INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATHENY, CARL 190-5 PARADISE BLVD. INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURROWS, CARL 170-17 PARADISE BLVD INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBERRY, WILLIAM 180-3 PARADISE BLVD INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURROWS, CECELIA 170-9 PARADISE BLVD INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>Patricia M. Coles</i> <i>180-20 Paradise Blvd.</i> <i>INDIALANTIC FL 32903</i> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Many Paglia</i> <i>180-19 Paradise Blvd.</i> <i>INDIALANTIC - FL 32903</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Cerelle Isaac</i> <i>180-23 Paradise Blvd.</i> <i>INDIALANTIC, FL 32903</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia M. Coles* *Patricia M. Coles* *7/19/06* *321-777-2118*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #