

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90024 034 ****61.25

DOCUMENT # 754023

1. Entity Name
**TOWN HOMES OF PARADISE BEACH NORTH OWNERS
ASSOCIATION, INC.**



Principal Place of Business

~~330 FIFTH AVENUE~~
~~INDIALANTIC, FL 32903~~
290 Paradise Blvd.
Indialantic, FL 32903

Mailing Address

~~330 FIFTH AVENUE~~
~~INDIALANTIC, FL 32903~~
DEPENDABLE PROPERTY MANAGEMENT, LLC
1300 PINE TREE DR. SUITE 9
INDIAN HARBOUR BEACH, FL 32937



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2042270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~THOMAS P FLAVIN & ASSOCIATES, P.A.~~
~~330 FIFTH AVE.~~
~~INDIALANTIC, FL 32903~~
DEPENDABLE PROPERTY MANAGEMENT, LLC
1300 PINE TREE DR. SUITE 9
INDIAN HARBOUR BEACH, FL 32937

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IN THIS SPACE**

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

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 May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	S FIORE, PEGGY
STREET ADDRESS	290 PARADISE BLVD #28
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE NAME	P EVANS, STUART
STREET ADDRESS	290 PARADISE BLVD. # 20
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE NAME	VP STUCLIFFE, ALAN
STREET ADDRESS	465 DESOTO PARKWAY
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE NAME	TRES BATES, ROSLYN
STREET ADDRESS	290 PARADISE BEACH BLVD. # 78
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE NAME	TRU PARKER, MARY
STREET ADDRESS	290 PARADISE BEACH BLVD. # 17
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #