

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755382

FILED
Apr 17, 2009
Secretary of State

Entity Name: PARADISE POINT VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1637 SE PARADISE CIR
#405
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

1637 SE PARADISE CIR
#405
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 59-2195574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, PATRICK
1637 SE PARADISE CIRCLE
#106
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, PATRICK
Address: 1637 SE PARADISE CIRCLE #106
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VD () Delete
Name: SMITH, LEO W
Address: 3445 SE 45 STREET
City-St-Zip: OCALA, FL 34480

Title: TD () Delete
Name: MINTON, LINDA B
Address: 1637 SE PARADISE CIR UNIT 205
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD () Delete
Name: HAMPTON, MARGARET F
Address: 987 N SUNCOAST BLVD, #200
City-St-Zip: CRYSTAL RIVER, FL 34429 54

Title: D () Delete
Name: BLEDSOE, CECELIA
Address: 1637 SE PARADISE CIR UNIT 304
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICK KELLY

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date