2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767030

Apr 24, 2008 Secretary of State

Entity Name: PARADISE COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6600 PEACOCK ROAD SARASOTA, FL 34242 US

Current Mailing Address: New Mailing Address:

63 SARASOTA CENTER BLVD SUITE 104 SARASOTA, FL 34240

FEI Number: 65-0274249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADI PROPERTY MANAGEMENT 63 SARASOTA CENTER BLVD SUITE 104 SARASOTA, FL 34240 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

V/S () Delete (X) Change () Addition SCHLEIFER, NEAL BROWN, CYNTHIA Name: Name: 6600 PEACOCK RD #104 Address: 6600 PEACOCK RD #103 Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

Title: () Delete Title: () Change () Addition

Name: ADI PROPERTY MANAGEM, ENT Name: Address: 63 SARASOTA CENTER BLVD Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip:

Title: () Delete Title: () Change () Addition

MILEY, DONNA Name: Name: 6600 PEACOCK ROAD #207 Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip:

Title: T/D () Delete Title: (X) Change () Addition

BOUONPANE, RICHARD Name: Name: BOUONPANE, RICHARD Address: 1866 BAYSHORE DRIVE Address: 1866 BAYSHORE DRIVE City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

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: JAMES P FESTA AS 04/24/2008