2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #770741

PARADISE POINT TOWNHOMES OWNERS' ASSOCIATION, INC., OF NAVARRE BEACH, FLORIDA

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90169 037 ****61.25

Principal Place of Business P.O. BOX 5044 NAVARRE, FL 32566

Mailing Address 1440 PARADISE POINT BLVD NAVARRE BEACH, FL 32566 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04172008

7. Name and Address of New Registered Agent

CR2E037 (12/06)

City & State

Suite, Apt. #, etc.

Suite, Apt. #, etc. City & State

4. FEI Number 59-3556265 Applied For Not Applicable

Addition

Zip

Country

Ziρ

Country

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

BEAM, DIANE 3045 RANNEY DR MÁVÁRRE, FL 32566 Sharon Bonnette

1440 PARADUS POINT DE #15

Zip Code

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

MTE 4/30/08

	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KONSTANTIN, PETER 1449 PARADISE FOINT BLVD #11 MAVARRE, FL 32566	(Dedete:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRASWELL, VANCE 1691 CENTER PT PKWY BIRMINGHAM, AL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, EARNEST 2017 OLD FANNIE RD FLOMATION, AL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· - - ·	Change `	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRWINR, SHIRLEY 8668 NAVARRE PKWY BOX 114 NAVARRE, FL 32566	Detete	TITILE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOE REID 1440 PALADISH PT #9 NOVALADO 121 32566	Delet e	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	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 it 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 charged, or on an attactiment with any address, with all other like empowered.

MLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Terri sovoic

STREET ADDRESS 1440 PARAdise PT #7

NAUARRE F/ 32566

TITLE