

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770741

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** PARADISE POINT TOWNHOMES OWNERS' ASSOCIATION, INC., OF NAVARRE BEACH, FLORIDA

**Current Principal Place of Business:**

P.O. BOX 5044  
NAVARRE, FL 32566

**New Principal Place of Business:**

1440 PARADISE POINT BLVD.  
UNIT 15  
NAVARRE, FL 32566

**Current Mailing Address:**

1440 PARADISE POINT BLVD  
APT 5  
NAVARRE BEACH, FL 32566 US

**New Mailing Address:**

P O BOX 5044  
NAVARRE, FL 32566 US

**FEI Number:** 59-3556265      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BONNETTE, SHARON  
1440 PARADISE POINT DRIVE  
SUITE #15  
NAVARRE, FL 32566 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: P ( ) Delete  
Name: REID, JOE  
Address: 1440 PARADISE PT #9  
City-St-Zip: NAVARRE, FL 32566

Title: V ( ) Delete  
Name: BRASWELL, VANCE  
Address: 1691 CENTER PT PKWY  
City-St-Zip: BIRMINGHAM, AL

Title: T ( ) Delete  
Name: WHITE, EARNEST  
Address: 2017 OLD FANNIE RD  
City-St-Zip: FLOMATION, AL

Title: S ( ) Delete  
Name: IRWIN, SHIRLEY  
Address: 8668 NAVARRE PKWY BOX 114  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: SAVOIE, TERRI  
Address: 1440 PARADISE PT, SUITE #7  
City-St-Zip: NAVARRE, FL 32566

**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: S (X) Change ( ) Addition  
Name: IRWIN, SHIRLEY  
Address: 8668 NAVARRE PKWY BOX 114  
City-St-Zip: NAVARRE, FL 32566

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: TERRI SAVOIE

D

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date