

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2008
Secretary of State

DOCUMENT# N00000006102

Entity Name: PARADISE LAKES RV PARK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1519 DALE MABRY HWY
105
LUTZ, FL 33548**New Principal Place of Business:**2001 BRINSON ROAD, BOX 62
LUTZ, FL 33558**Current Mailing Address:**1519 DALE MABRY HWY
105
LUTZ, FL 33548**New Mailing Address:****FEI Number:** 59-3702948 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROWN, ANN MARIE
1519 DALE MABRY HWY
105
LUTZ, FL 33548 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: HORAN, BEVERLY
Address: 2001 BRINSON RD UNIT 36
City-St-Zip: LUTZ, FL 33558**Title:** S () Delete
Name: VAN DUSEN, ELIZABETH
Address: 1901 BRINSON RD #41
City-St-Zip: LUTZ, FL 33558**Title:** T () Delete
Name: HADDIX, WALLACE
Address: 308 HOLT AVEUE
City-St-Zip: MT. STERLING, KY 40353**Title:** D () Delete
Name: GERACE, THOMAS
Address: POST OFFICE BOX 284
City-St-Zip: GOSHEN, NY 10924**Title:** DIR () Delete
Name: OGGENFUSS, CHARLES
Address: 10 HAMILTON LANE
City-St-Zip: CHESTNUT RIDGE, NY 10977**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: OGGENFUSS, CHARLIE
Address: 2001 BRINSON RD UNIT 37
City-St-Zip: LUTZ, FL 33558**Title:** S (X) Change () Addition
Name: HORAN, BEVERLY
Address: 2001 BRINSON RD UNIT 36
City-St-Zip: LUTZ, FL 33558**Title:** T (X) Change () Addition
Name: HADDIX, WALLACE
Address: 23215 EMERSON WAY
City-St-Zip: LAND O LAKES, FL 34638**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DIR (X) Change () Addition
Name: VANDUSEN, DEE
Address: 1901 BRINSON ROAD #41
City-St-Zip: LUTZ, FL 33558

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: CHARLIE OGGENFUSS

PD

06/04/2008

Electronic Signature of Signing Officer or Director

Date