

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006102

FILED
Feb 06, 2009
Secretary of State

Entity Name: PARADISE LAKES RV PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2001 BRINSON ROAD, BOX 62
LUTZ, FL 33558

New Principal Place of Business:

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: OGGENFUSS, CHARLIE
Address: 2001 BRINSON RD UNIT 37
City-St-Zip: LUTZ, FL 33558

Title: S () Delete
Name: HORAN, BEVERLY
Address: 2001 BRINSON RD UNIT 36
City-St-Zip: LUTZ, FL 33558

Title: T () Delete
Name: HADDIX, WALLACE
Address: 23215 EMERSON WAY
City-St-Zip: LAND O LAKES, FL 34638

Title: D () Delete
Name: GERACE, THOMAS
Address: POST OFFICE BOX 284
City-St-Zip: GOSHEN, NY 10924

Title: DIR () Delete
Name: VANDUSEN, DEE
Address: 1901 BRINSON ROAD #41
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: CHARLIE OGGENFUSS

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date