

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90018 034 ****61.25

DOCUMENT # N01000004178

1. Entity Name
PARADISE POINTE COMMONS ASSOCIATION, INC.



Principal Place of Business
331 CAPE CORAL PARKWAY WEST
SUITE C
CAPE CORAL, FL 33914 US

Mailing Address
331 CAPE CORAL PARKWAY WEST
SUITE C
CAPE CORAL, FL 33914 US

40115967



2. Principal Place of Business - No P.O. Box #
2799 DEL PRADO BLVD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 151845
Suite, Apt. #, etc.
C/O GPM INC

04192007 Chg-NP CR2E037 (12/06)

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

Zip
33903

Country
LEE

Zip
33915

Country
LEE

4. FEI Number
65-1116580

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
ZUNINO PAOLA

Street Address (P.O. Box Number is Not Acceptable)
2799 DEL PRADO BLVD

City
CAPE CORAL

FL

Zip Code
33903

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
Paola Zunino

Signature, typed or printed name of registered agent and title if applicable.

4/23/07

DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SNOW, ROBERT A 331 CAPE CORAL PKWY WEST, STE C CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES-D MARK SELBY 4235 SE 20th PL # A 403 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT RECKENDORF, CLAUDIA 331 CAPE CORAL PKWY WEST, STE C CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. D BERNARD LIEBERMAN 4235 SE 20th PL # B 405 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RECKENDORF, ANDREAS 331 CAPE CORAL PKWY WEST, STE C CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T D SCOTT DAVIS 4235 SE 20th PL # C CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark A. Selby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 (239) 945-3194

Date Daytime Phone #