

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90030 022 \*\*\*\*61.25

**DOCUMENT # N01000004178**

1. Entity Name  
**PARADISE POINTE COMMONS ASSOCIATION, INC.**



Principal Place of Business  
**2799 DEL PRADO BLVD  
CAPE CORAL, FL 33903 US**

Mailing Address  
**C/O GPM, INC.  
P.O. BOX 151845  
CAPE CORAL, FL 33915**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-NP CR2E037 (12/06)

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

**ZUNINO, PAOLA  
2799 DEL PRADO BLVD  
CAPE CORAL, FL 33903**

Name

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

City

**FL**

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 *Paola Zunino*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-10-08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PD ☒ Delete  
NAME SELBY, MARK  
STREET ADDRESS 4235 SE 20TH PL #A403  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE *President* ☐ Change ☒ Addition  
NAME ROBERT SNOW  
STREET ADDRESS 4235 SE 20th Place # A305  
CITY-ST-ZIP Cape Coral, FL 33904

TITLE DV ☐ Delete  
NAME LIEBERMAN, BERNARD  
STREET ADDRESS 4235 SE 20TH PL #B405  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME DAVIS, SCOTT  
STREET ADDRESS 4235 SE 20TH PL #C  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE STD ☐ Change ☒ Addition  
NAME Roger Schutt  
STREET ADDRESS 4235 SE 20th Place C505  
CITY-ST-ZIP Cape Coral, FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Snow* **ROBERT SNOW** *1-20-08*