


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-18-2007 90018 042 \*\*\*\*61.25

<b>DOCUMENT # N01000004179</b>					
<b>1. Entity Name</b> PARADISE POINTE I, CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> % GPM, INC. P.O. BOX 151845 CAPE CORAL, FL 33915			<b>Mailing Address</b> % GPM, INC. P.O. BOX 151845 CAPE CORAL, FL 33915		
<b>2. Principal Place of Business - No P.O. Box #</b> 2799 DEL PRADO BLVD.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		<b>4. FEI Number</b> 65-1116585	
Zip 33903		Country LEE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ZUNINIO, PAOLA C/O GPM INC 3645 SE 8TH PL CAPE CORAL, FL 33904			<b>7. Name and Address of New Registered Agent</b> Name ZUNINO, PAOLA Street Address (P.O. Box Number is Not Acceptable) C/O GPM INC 2799 DEL PRADO BLVD. City CAPE CORAL FL Zip Code 33903		
<b>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.</b> SIGNATURE: <u>Paola Zunino</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LIEBERMAN, BERNARD 4235 SE 20TH PLACE #B405 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LINN, DAVID 4235 SE 20TH PLACE B404 FT MYERS, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNTER, CHARLES 4235 SE 20TH PLACE B202 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Bernard Lieberman</u> <b>BERNARD LIEBERMAN</b> 5/6/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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