

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004179

FILED
Jan 28, 2009
Secretary of State

Entity Name: PARADISE POINTE I, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2799 DEL PRADO BLVD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

SE 20TH PLACE
CAPE CORAL, FL 33904

Current Mailing Address:

% GPM, INC.
P.O. BOX 151845
CAPE CORAL, FL 33915

New Mailing Address:

% GPM, INC.
1319 MIRAMAR ST STE 101
CAPE CORAL, FL 33904

FEI Number: 65-1116585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUNINIO, PAOLA
C/O GPM INC
2799 DEL PRADO BLVD
CAPE CORAL, FL 33903 US

Name and Address of New Registered Agent:

ZUNINIO, PAOLA
C/O GPM INC
1319 MIRAMAR ST STE 101
CAPE CORAL, FL 33904 US

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: PAOLA ZUNINO

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LIEBERMAN, BERNARD
Address: 4235 SE 20TH PLACE #B405
City-St-Zip: CAPE CORAL, FL 33904

Title: STD () Delete
Name: LINN, DAVID
Address: 4235 SE 20TH PLACE B404
City-St-Zip: FT MYERS, FL 33904

Title: VPD () Delete
Name: HUNTER, CHARLES
Address: 4235 SE 20TH PLACE B202
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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: BERNARD LIEBERMAN

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date