

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90088 007 ****61.25

DOCUMENT # N02000002001	
1. Entity Name PARADISE RETREAT AT MIRAMAR BEACH HOMEOWNERS ASSOCIATION, INC.	



Principal Place of Business 12815 HWY 98 W STE 100 MIRAMAR BEACH, FL 32550 US	Mailing Address PO BOX 1779 DESTIN, FL 32540 US
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40014320



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

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0652389	Applied For <input type="checkbox"/> Not Applicable
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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	
SMITH, LORETTA C/O NEWMAN DAILEY 12815 HWY 98 W STE 100 MIRAMAR BEACH, FL 32550		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 *Loretta W Smith, CAM* DATE 1-27-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LADICK, DEAN 516 SANDY CAY DR MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Larsen, Ronald 405 Loblolly Bay Dr. Santa Rosa Beach, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTERS, SHEILA PO BOX 6568 MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Costa, David 207 Sandy Cay Drive Miramar Beach, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCBRIDE-TURNPSEAD, STORMY 276 SANDY CAY DR MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Edwards, Terry P.O. Box 6058 Miramar Beach, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERSLOOT, ANGELA 357 SANDY CAY DR MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ogilvie, Carol 430 Sandy Cay Drive Miramar Beach, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Craig, Jacki 404 Driftwood Point Rd Santa Rosa Beach, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *B. Jensen* DATE 1/27/07 DAYTIME PHONE # 837-1071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR