


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90013 003 ****61.25

DOCUMENT # N03000004729

1. Entity Name
 PARADISE POINTE II, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % GPM, INC. % GPM, INC.
 P.O. BOX 151845 P.O. BOX 151845
 CAPE CORAL, FL 33915 CAPE CORAL, FL 33915

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

3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
 CAPE CORAL FL

Zip
 33903 Country
 LEE

6. Name and Address of Current Registered Agent

ZUNINO, PASLA
 3645 SE 8TH PLACE
 CAPE CORAL, FL 33904

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME REESE, SUSAN
 STREET ADDRESS 4235 S.E. 20TH PLACE C-501
 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VPD Delete
 NAME SCHUTT, ROGER
 STREET ADDRESS 4235 S.E. 20TH PLACE C-505
 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE STD Delete
 NAME BUSCH, EDGAR
 STREET ADDRESS 4235 S.E. 20TH PLACE C-204
 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D Delete
 NAME EAGLE, GREG
 STREET ADDRESS 4235 SE 20TH PLACE C-503
 CITY-ST-ZIP CAPE CORAL, FL 33904

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4. FEI Number 55-0835482 Applied For Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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RECEIVED
 MAY 29 2007
 CIU REV/ADM

SIGNATURE: *Ray James*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/20/07

Daytime Phone #