


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 % GPM, INC. P.O. BOX 151845 CAPE CORAL, FL 33915	Mailing Address % GPM, INC. P.O. BOX 151845 CAPE CORAL, FL 33915
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2. Principal Place of Business - No P.O. Box # 2799 DEL PRADO BLVD	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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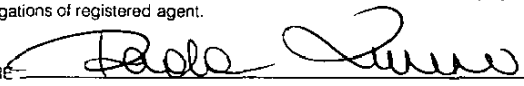
City & State CAPE CORAL FL	City & State
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Zip 33903	Country LEE	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ZUNINO, PASLA 3645 SE 8TH PLACE CAPE CORAL, FL 33904	Name ZUNINO PASLA
	Street Address (P.O. Box Number is Not Acceptable) 2799 DEL PRADO BLVD
	City CAPE CORAL
	State FL

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 	DATE
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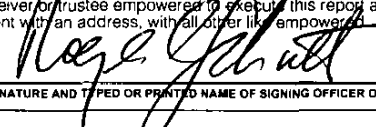
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input 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
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TITLE PD	<input checked="" type="checkbox"/> Delete
NAME REESE, SUSAN	
STREET ADDRESS 4235 S.E. 20TH PLACE C-501	
CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE VPO	<input type="checkbox"/> Delete
NAME SCHUTT, ROGER	
STREET ADDRESS 4235 S.E. 20TH PLACE C-505	
CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME BUSCH, EDGAR	
STREET ADDRESS 4235 S.E. 20TH PLACE C-204	
CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME EAGLE, GREG	
STREET ADDRESS 4235 SE 20TH PLACE C-503	
CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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 empowerments.

SIGNATURE: 	DATE 5/20/07
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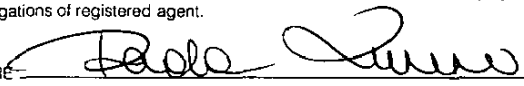
04192007 Chg-NP CR2E037 (12/06)

4. FEI Number 55-0835482	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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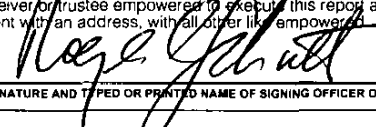
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CITY-ST-ZIP	

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