

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004729

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR -1 AM 11:31

Principal Place of Business
 2799 DEL PRADO BLVD
 CAPE CORAL, FL 33903

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



2. Principal Place of Business - No P.O. Box #

1319 MIRAMAR ST

3. Mailing Address

Suite, Apt. #, etc.
Same

01072008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
UNIT 101

City & State

CAPE CORAL FL

4. FEI Number
55-0835482

Applied For
 Not Applicable

Zip
33904

Country
U.S.A

Zip

Country

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

6. Name and Address of Current Registered Agent

ZUNINO, PAOLA
 C/O GPM 1 NE
 2799 DEL PRADO BLVD
 CAPE CORAL, FL 33903

7. Name and Address of New Registered Agent

Name **PAOLA ZUNINO**
 Street Address (P.O. Box Number is Not Acceptable)
1319 MIRAMAR ST
UNIT 101
 City **CAPE CORAL** FL Zip Code **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

DATE **3/20/08**

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, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHUTT, ROGER	
STREET ADDRESS	4235 S.E. 20TH PLACE C-503	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JAMES, RAY	
STREET ADDRESS	555 CHAMPAGNE RD	
CITY-ST-ZIP	WAUKEE, IA 50263	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SWAN, KRIFTING	
STREET ADDRESS	331 CAPE CORAL PKWY W#C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

B 4/2/08

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900122762199	
CITY-ST-ZIP	04/03/08--01044--020 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILE MANAGEMENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Myers	
STREET ADDRESS	4235 SE 20th PL # C202	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Dahlgren	
STREET ADDRESS	1578 Eastport Ct	
CITY-ST-ZIP	Cicero, IN 46034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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MAR 26 2008
FILE MANAGEMENT

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:

3/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #