

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2010
Secretary of State

DOCUMENT# N03000005468

Entity Name: PARADISE WOODS ASSOCIATION OF HOMEOWNERS, INC.**Current Principal Place of Business:**2348 PINE STREET
NAPLES, FL 34112**New Principal Place of Business:**4344 CORPORATE SQUARE
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NAPLES, FL 34104 US**Current Mailing Address:**2348 PINE STREET
NAPLES, FL 34112**New Mailing Address:**4344 CORPORATE SQUARE
1
NAPLES, FL 34104 US**FEI Number:** 58-2674962**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORRIS, WILLIAM G ESQ
247 N COLLIER BLVD STE 202
MARCO ISLAND, FL 34145 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: HENNING, JEFFRY L
Address: 794 W. ELKCAM CIRCLE #2001
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: D
Name: CARLSON, TODD
Address: 5800 MERLE HAY ROAD, SUITE 14
City-St-Zip: JOHNSTON, IA 50131 US

Title: D
Name: DIBACCO, ROBERT
Address: 4344 CORPORATE SQUARE, SUITE 1
City-St-Zip: NAPLES, FL 34104 US

Title: D
Name: DEWHIRST, NED
Address: 24880 BURNT PINE DRIVE #8
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby 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 all other like empowered.

SIGNATURE: TODD CARLSON

D

09/21/2010

Electronic Signature of Signing Officer or Director

Date