

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006526

FILED
Apr 07, 2009
Secretary of State

Entity Name: PARADISE PLACE CONDOMINIUMS OF CAPE CORAL I, INC.

Current Principal Place of Business:

1219 S.W. 48TH TERRACE
#103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

1219 S.W. 48TH TERRACE
#103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 56-2452594 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

READ, TYRA N
1715 MONROE STREET
FORT MYERS, FL 33901 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: PRES () Delete
Name: SIKORA, WALTER F
Address: 1219 S.W. 48TH TERRACE #103
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DIR () Delete
Name: HARDING, SCOTT
Address: 1219 S.W. 48TH TERRACE #107
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DIR () Delete
Name: SCHAFFER, HARRY J
Address: 14556 WOOD DUCK COURT
City-St-Zip: HOMER GLEN, IL 60491 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER F. SIKORA

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date