


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90043 033 \*\*\*\*61.25

**DOCUMENT # N03000007708**


1. Entity Name  
**PARADISE ESTATES OF PASCO COUNTY HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**10730 U.S. 19**      **10730 U.S. 19**  
**STE 17**      **STE 17**  
**PT. RICHEY FL 34668**      **PT. RICHEY FL 34668**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-3719803**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**QUALIFIED PROPERTY MANAGEMENT, INC.**  
**10730 U.S. 19**  
**STE 17**  
**PT. RICHEY FL 34668**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	MARKHAM, JAMES D	
STREET ADDRESS	8809 OLD POST RD.	
CITY-ST-ZIP	PT. RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILES, RICHARD E	
STREET ADDRESS	4303 BEAU RIVAGE	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PEATE, RUSSELL</del>	
STREET ADDRESS	<del>790 U.S. HWY. 19, STE. 17</del>	
CITY-ST-ZIP	<del>PORT RICHEY FL 34668</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berg, Robert	
STREET ADDRESS	10730 U. S. - 19, Suite 17	
CITY-ST-ZIP	Port Richey, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #