
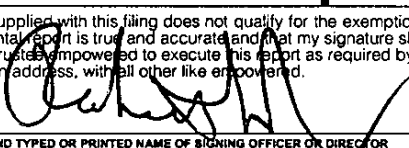


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90051 050 ****61.25

DOCUMENT # N03000007708					
1. Entity Name PARADISE ESTATES OF PASCO COUNTY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 10730 U.S. 19 STE 17 PT. RICHEY, FL 34668		Mailing Address 10730 U.S. 19 STE 17 PT. RICHEY, FL 34668			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3719803	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D- <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARKHAM, JAMES D	NAME	Palmer, John		
STREET ADDRESS	8800 OLD POST RD.	STREET ADDRESS	10730 U.S. 19, Ste. 17		
CITY-ST-ZIP	PT. RICHEY, FL 34668	CITY-ST-ZIP	Port Richey, FL		
TITLE	D- <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILES, RICHARD E	NAME	Yu, Ling		
STREET ADDRESS	4300 BEAU RIVAGE --	STREET ADDRESS	10730 U.S. 19, Ste. 17		
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Port Richey, FL		
TITLE	D- <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERG, ROBERT --	NAME	Pratt, Charles		
STREET ADDRESS	10730 US 19, SUITE 17 --	STREET ADDRESS	10730 U.S. 19, Ste. 17		
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	Port Richey, FL		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 empowered.					
SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					