2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300007708 1. Entity Name PARADISE ESTATES OF PASCO COUNTY HOMEOWNERS' ASSOCIATION, INC.									02-0)6-200 <i>6</i>	5 9005 5	1 050 *	****61	1.25
10730 U.S. 19 107 STE 17 STE				Aailing Address 10730 U.S. 19 STE 17 PT. RICHEY, FL 34668										
2. Principal Place of Business			3. Ma	3. Mailing Address										
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				01042006	Chg-	NP	CR	2E037 (1	1/05)	
City & State			C	City & State				4. FEI Numb 59-371						plied For ot Applicable
Zip	Country		Zi	Zip		intry		5. Certificate	e of Status	s Desired			75 Add Require	
	6. Name	and Address of Curre	nt Register	ed Agent				7. Name and	d Addres	s of New	Registe	red Agen	rt	
QUALIFIED PROPERTY MANAGEMENT, INC.						Name								
10730 U.S STE 17	S. 19						ddress (I	P.O. Box Numb	oer is Not	Acceptat	ole)			
	EY, FL 346	68												
						City						FL i	Zip Cod	8
8. The above the obligat	a named entity tions of registe	submits this statement ared agent.	for the purp	oose of changing its r	egistere	ed office o	r register	ed agent, or bo	oth, in the	State of F	Florida.	am famil	iar with,	and accept
SIGNATURE		or printed name of registered age	ent and title if ap	plicable. (NOTE:	Registere	d Agent signa	ture required	when reinstating)			D	ATE		
SIGNATURE	Signature, typed o		ent and title if ap				ture required	_					vahla te	
SIGNATURE	Signature, typed o	or printed name of registered age	ent and title if ap	9. Election Cam Trust Fund Co	paign F	inancing	ture required	\$5.00 May I	Be 5		Make c	ATE heck pay epartmen		
SIGNATURE	Filing Fee Due by M	e is \$61.25		9. Election Cam Trust Fund Co	paign F	inancing ion.		\$5.00 May (5	Fle	Make c orida D	heck pay	nt of St	ate
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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 feodir is true and accurate another 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 trusted impowered to execute his legal 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 plu other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #