

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007708

FILED
Aug 27, 2008
Secretary of State

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

Current Principal Place of Business:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

9025 WOODHILL DRIVE
SAVAGE, MN 55378 US

Current Mailing Address:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

9025 WOODHILL DRIVE
SAVAGE, MN 55378 US

FEI Number: 59-3719803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

SEWELL, SHARON E MS
9025 WOODHILL DRIVE
SAVAGE, FL 55378 US

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: SHARON E SEWELL

08/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALMER, JOHN
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD3 () Delete
Name: TU, LING
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TD () Delete
Name: PRATT, CHARLES
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SEWELL, SHARON E
Address: 9025 WOODHILL DRIVE
City-St-Zip: SAVAGE, MN 55378 US

Title: VP (X) Change () Addition
Name: STROBBE, MICHAEL
Address: 4916 CANEY COURT
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SEC (X) Change () Addition
Name: MARCUM, DOUG
Address: PO BOX 9700
City-St-Zip: TREASURE ISLAND, FL 33740 US

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: SHARON E SEWELL

PRES

08/27/2008

Electronic Signature of Signing Officer or Director

Date