

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM  
Secretary of State

DOCUMENT # N03000009475

1. Entity Name  
PARADISE COVE OF MEXICO BEACH HOMEOWNERS  
ASSOCIATION INC.



Principal Place of Business  
1402 HIGHWAY 98  
MEXICO BEACH, FL 32410

Mailing Address  
P.O. BOX 13473  
MEXICO BEACH, FL 32410



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
33-1073794

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARMON, BARBARA  
1402 HIGHWAY 98  
MEXICO BEACH, FL 32410

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HARMON, SAMUEL L  
STREET ADDRESS POST OFFICE BOX 13473  
CITY-ST-ZIP MEXICO BEACH, FL 32410

TITLE V  
NAME HARMON, BARBARA  
STREET ADDRESS POST OFFICE BOX 13473  
CITY-ST-ZIP MEXICO BEACH, FL 32410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

U00000824996  
02/20/08-80100-022 61.25

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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 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

2/4/08

Date

850.648.5767

Daytime Phone #