

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010925
 1. Entity Name
PARADISE POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 11755 S.W. 90TH STREET, SUITE 210 11755 S.W. 90TH STREET, SUITE 210
 MIAMI, FL 33186 MIAMI, FL 33186



01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
 20-1313921 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, FERNANDO
 11755 SW 90 STREET #210
 MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, FERNANDO 11755 S.W. 90TH STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMACHO, EDDIE 11755 S.W. 90TH STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CRESPI, CHRISTINE 11755 S.W. 90TH STREET, SUITE 210 MIAMI, FL 33186
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 01/28/05-80009-010 61.25

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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 # _____