

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90168 036 ****70.00

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1. Entity Name
**PARADISE COVE TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**4272 NW 114 TER.
CORAL SPRINGS, FL 33065**

Mailing Address
**4272 NW 114 TER.
CORAL SPRINGS, FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1666596

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLASI, ANDREW
7777 GLADES ROAD
SUITE 110
BOCA RATON, FL 33434**

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	BURBANK, ROBERT	
STREET ADDRESS	4270 NW 114 TER.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, ROBERT	
STREET ADDRESS	4272 NW 114 TER.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	UPEGUI, MARIA-VICTORIA	
STREET ADDRESS	3660 NW 126TH AVE., SUITE 1	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURBANK, ROBERT	
STREET ADDRESS	4270 NW 114 TER.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECERRA, DAVID	
STREET ADDRESS	4274 NW 114 TER.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Padilla	
STREET ADDRESS	4274 NW 114th terrace	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Duppla	
STREET ADDRESS	4270 NW 114th terrace	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gabriela Ubiles	
STREET ADDRESS	4272 NW 114th terrace	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Ubiles	
STREET ADDRESS	4272 NW 114th terrace	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Maria-Victoria Upequi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

305-308-8200

Daytime Phone #