2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N04000001097

Entity Name: PARADISE COVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4272 NW 114 TER.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

4272 NW 114 TER.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-1666596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PADILLA, JOSE
Address: 4274 NW 114TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete
Name: DUPPLA, ELIZABETH
Address: 4270 NW 114TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD ( ) Delete
Name: UBILES, GABRIELA
Address: 4272 NW 114TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: UBILES, ERIC
Address: 4272 NW 114TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GABRIELA UBILES TD 01/04/2007

Electronic Signature of Signing Officer or Director — Date