

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003494

FILED  
Jul 21, 2008  
Secretary of State

**Entity Name:** PARADISE COVE TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

10101 KINGSHYRE WAY  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

10101 KINGSHYRE WAY  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 04-3593606      **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:**

**Name and Address of New Registered Agent:**

VANWINGERDEN, BRUCE  
8800 GRAND OAKS CIRCLE  
TAMPA, FL 33637 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: CAVANAUGH, MICHAEL  
Address: 26W451 JEWELL RD  
City-St-Zip: WINFIELD, IL 60190

Title: MS ( ) Delete  
Name: FLETCHER, LINDA  
Address: 145 BRIGHTWATER DRIVE #5  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MR ( ) Delete  
Name: VANWINGERDEN, BRUCE  
Address: 10101 KINGSHYRE WAY  
City-St-Zip: TAMPA, FL 33647

**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:

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: BRUCE VANWINGERDEN

SECR

07/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date