

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003572

FILED
May 01, 2008
Secretary of State

Entity Name: PARADISE PARK OF LARGO, INC.

Current Principal Place of Business:

7111 - 142ND AVE.
LOT 19
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

7111 - 142ND AVE.
LOT 19
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-2532343 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:

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD.
LARGO, FL 33778 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: WHIMS, MARY
Address: 7111-142ND AVE, LOT 19
City-St-Zip: LARGO, FL 33771

Title: VPD () Delete
Name: HIDALGO, GAIL
Address: 7111 142ND AVE #80
City-St-Zip: LARGO, FL 33771

Title: TD () Delete
Name: ROHDE, LINDA
Address: 7111-142ND AVE LOT 34
City-St-Zip: LARGO, FL 33771

Title: SD () Delete
Name: SCHUTZ, RICHARD
Address: 7111 142ND AVE #27
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: BIRD, BRUCE
Address: 7111 142ND AVE #1
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: ADCOCK, HANK
Address: 7111 142ND AVE #27
City-St-Zip: LARGO, FL 33771

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:

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: MARY WHIMS

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date