


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 044 ****61.25

DOCUMENT # N04000009677 1. Entity Name PARAISO DEL MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1936 10TH ST. NORTH JACKSONVILLE, FL 32250			Mailing Address 1936 10TH ST. NORTH JACKSONVILLE, FL 32250		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent BERRY, ANTHONY 333 1ST ST. NORTH, SUITE 305 JACKSONVILLE BCH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-1823972	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARMER, RICHARD F <input checked="" type="checkbox"/> Delete 1936 10TH ST. NORTH JACKSONVILLE, FL 32250				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JAMES, MICHAEL S <input type="checkbox"/> Delete 129 15TH AVE. SOUTH, UNIT A JACKSONVILLE BCH, FL 32250				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, VERONICA <input type="checkbox"/> Delete 1936 10TH ST. NORTH JACKSONVILLE, FL 32250				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTUSO MICHAEL A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 129 15TH AVE. SO. UNIT B JACKSONVILLE BEACH, FL 32250				
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 <i>[Signature]</i> 5/27/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					