

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2006 08:00 AM
Secretary of State

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



05192006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1823972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRY, ANTHONY
333 1ST ST. NORTH, SUITE 305
JACKSONVILLE BCH, FL 32250

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IN THIS SPACE**

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 restate.)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSTD
JAMES, MICHAEL S
129 15TH AVE. SOUTH, UNIT A
JACKSONVILLE BCH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FARMER, VERONICA
1936 10TH ST. NORTH
JACKSONVILLE, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ARTUSO, MICHAEL A
129 15TH AVE. SOUTH, UNIT B
JACKSONVILLE BCH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000566921
06/08/06-80002-002 61.25

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IN THIS SPACE**

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:

Michael S. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

6/1/06
Date

(904)695-9601
Daytime Phone