


FILED
Mar 24, 2008 08:00 A
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000009677 1. Entity Name PARAISO DEL MAR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1936 10TH ST. NORTH JACKSONVILLE, FL 32250	Mailing Address 1936 10TH ST. NORTH JACKSONVILLE, FL 32250
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03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1823972	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
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04/08/08-80051-025 61.25

**DO NOT WRITE
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: **M. Artuso* M. ARTUSO 3-29-08 (904) 270-8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR