2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002367

Entity Name: PARADISE COVE HOA, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Clirrent Principal Place of Kilciness	NOW Principal Place of Bilgings

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 56-2505379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR 2180 W. SR 434 SUITE 5000 LONGWOOD, FL 327795044 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 PD (X) Change () Addition

 Name:
 NABAVI, MICHAEL
 Name:
 ABRAHAMS, ARAM

 Address:
 6801 WALLACE ROAD
 Address:
 4313 PARADISE COVE CT

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 KISSIMMEE, FL 34746

(X) Change () Addition Title: VPST () Delete Title: Name: NABAVI, LINDA Name: UDDIN, MOHAMMED Address: 6801 WALLACE RD Address: 4320 PARADISE COVE CT City-St-Zip: ORLANDO, FL 32819 City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 POWELL, VIRGINIA S

 Address:
 Address:
 4324 PARADISE COVE CT

 City-St-Zip:
 City-St-Zip:
 KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: ARAM ABRAHAMS PD 04/10/2007