

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000003989						FILED 08 SEP -9 PM 12: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
1. Entity Name PARADISE MOORINGS HOMEOWNER'S ASSOCIATION, INC.																																							
Principal Place of Business 4213 COUNTY ROAD 218 SUITE 1 MIDDLEBURG, FL 32068		Mailing Address 9191 R.G. SKINNER PKWY SUITE 602 JACKSONVILLE, FL 32256																																					
2. Principal Place of Business - No P.O. Box # 5455 AIA South Suite, Apt. #, etc.		3. Mailing Address 5455 AIA South Suite, Apt. #, etc.																																					
City & State St Augustine, FL Zip 32080 Country USA		City & State St. Augustine FL Zip 32080 Country USA		4. FEI Number 20-4645547		Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent TRAYLOR, LINDA 9191 R.G. SKINNER PKWY. SUITE 602 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name: MAY Management Services Street Address (P.O. Box Number is Not Acceptable): 5455 AIA South City: St. Augustine FL Zip Code 32080																																			
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: <i>[Signature]</i> DATE: 7/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
Amended AR is \$61.25				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																			
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 7/25/08 Daytime Phone #: 904-269-4288																																			