

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010288

FILED
Apr 28, 2008
Secretary of State

Entity Name: PARADISE CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Current Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

FEI Number: 20-4960029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 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:

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMP, JEREMY
Address: 9102 S PARK CENTER LOOP SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: COWHERD, BRAD
Address: 9102 S PARK CENTER LOOP SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: STD () Delete
Name: INGLE, JIM
Address: 9102 S PARK CENTER LOOP SUITE 200
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATHEW, SOLOMON
Address: 19159 S. HIBISCUS ST.
City-St-Zip: WESTON, FL 33332 US

Title: VP (X) Change () Addition
Name: RESTREPO, CARLOS
Address: 2425 MARACAIBO DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: T (X) Change () Addition
Name: KOSHY, MATHEW
Address: 5402 PARADISE CAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify 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: SOLOMON MATHEW

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date