

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010405

FILED  
Mar 29, 2009  
Secretary of State

**Entity Name:** PARADISE COVE AT PALM BEACH LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

800 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S CONGRESS AVE  
SUITE 1-C  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 20-5000779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILLEY & WYANT- CORTEZ, PA  
860 US HIGHWAY ONE  
SUITE #108  
NORTH PALM BEACH, FL 33408 US

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

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:**

Title: PD ( ) Delete  
Name: SCHULTE, DOUGLAS  
Address: 1168 THE POINTE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD ( ) Delete  
Name: SLATTERY, JOANNE  
Address: 1302 THE POINTE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: STD ( ) Delete  
Name: AZCARATE, MORYS  
Address: 2122 UNION STREET  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DOUGLAS E. SCHULTE

P

03/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date