

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005994

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** THE A.G. PARADISE TOWNHOMES I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

160 BOWIE LANE  
APT #4  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

160 BOWIE LANE  
APT #4  
KISSIMMEE, FL 34743

**New Mailing Address:**

C/O H&S MANAGEMENT  
PO-BOX 450326  
KISSIMMEE, FL 34745

**FEI Number:** 41-2237045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVERAS, REBECCA  
160 BOWIE LANE  
APT #4  
KISSIMMEE, FL 34743 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: DP ( ) Delete  
Name: OLIVERAS, REBECCA  
Address: 160 BOWIE LANE APT #4  
City-St-Zip: KISSIMMEE, FL 34743

Title: DV (X) Delete  
Name: GARCIA, CARLOS  
Address: 160 BOWIE LANE APT #3  
City-St-Zip: KISSIMMEE, FL 34743

Title: DST (X) Delete  
Name: COLLAZO, AIDA  
Address: 160 BOWIE LANE APT #6  
City-St-Zip: KISSIMMEE, FL 34743

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

Title: P (X) Change ( ) Addition  
Name: OLIVERAS, REBECCA  
Address: 160 BOWIE LANE APT #4  
City-St-Zip: KISSIMMEE, FL 34743

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: REBECCA OLIVERAS

P

04/21/2008

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

\_\_\_\_\_  
Date