

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90037 002 ****61.25

DOCUMENT # N06000006016					
1. Entity Name PARADISE GARDENS V HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6890 NW 9TH STREET MARGATE, FL 33063			Mailing Address 6890 NW 9TH STREET MARGATE, FL 33063		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1706688	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEGAL, SABRINA 6890 NW 9TH STREET MARGATE, FL 33063				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, SABRINA 6890 NW 9TH STREET MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLECCHIA, MITCHELL 6890 NW 9TH STREET MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, COSME R 1160 NW 66TH TERRACE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, ROY 1145 NW 69TH AVE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLMAN, EMMA 990 NW 67TH TERRACE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FLORY 1125 NW 69TH AVE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			Date: 5 Jun 08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 954-968-5217		



01052008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, SABRINA 6890 NW 9TH STREET MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLECCHIA, MITCHELL 6890 NW 9TH STREET MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, COSME R 1160 NW 66TH TERRACE MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, ROY 1145 NW 69TH AVE MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLMAN, EMMA 990 NW 67TH TERRACE MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FLORY 1125 NW 69TH AVE MARGATE, FL 33063	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NOTE: there are a total of 47 Directors

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5 Jun 08 Daytime Phone #: 954-968-5217

ATTACHMENT

40000149

#N06000006016

1. Director Roy Alarcon 1145 NW 69th Avenue Margate, FL 33063
2. Director Emma Allman 990 NW 67th Terrace Margate, FL 33063
3. Director Flory Brown 1125 NW 69th Avenue Margate, FL 33063
4. Director Nora Cole 6780 Margate Boulevard Margate, FL 33063
5. Director Deanna McSwain 6780 Margate Boulevard Margate, FL 33063
6. Director Cosme R. Colon 1160 NW 66th Terrace Margate, FL 33063
7. Director Cristobal Colon 6855 NW 9th Street Margate, FL 33063
8. Director Maria Colon 6855 NW 9th Street Margate, FL 33063
9. Director Santo Curatolo 915 NW 69th Avenue Margate, FL 33063
10. Director Junior Euripides 1065 NW 69th Avenue Margate, FL 33063
11. Director Dragana Cucovich 1065 NW 69th Avenue Margate, FL 33063
12. Director Ricardo Gamez 1065 NW 68th Terrace Margate, FL 33063
13. Director Karima Salama 1065 NW 68th Terrace Margate, FL 33063
14. Director Walkiria Giannini 915 NW 67th Avenue Margate, FL 33063
15. Director Janice L. Griggs 1010 NW 67th Avenue Margate, FL 33063
16. Director Sandra Happ 6790 NW 9th Street Margate, FL 33063
17. Director Steven Happ 6790 NW 9th Street Margate, FL 33063
18. Director Wanda Hehn 950 NW 67th Terrace Margate, FL 33063
19. Director Richard A. Hehn 950 NW 67th Terrace Margate, FL 33063
20. Director Sybel E. Johnson 955 NW 67th Terrace Margate, FL 33063
21. Director Donald C. Jones 6775 NW 9th Court Margate, FL 33063
22. Director William E. Kidd 930 NW 67th Terrace Margate, FL 33063
23. Director Leslie Liesenfelt 6640 NW 10th Drive Margate, FL 33063
24. Director Rosina Martin 6790 Margate Boulevard Margate, FL 33063
25. Director Valentina Martin 6790 Margate Boulevard Margate, FL 33063
26. Director Frank Mastraccio 1040 NW 69th Avenue Margate, FL 33063
27. Director Rita L. Mc Cafferty 1005 NW 68th Terrace Margate, FL 33063
28. Director Dwayne McCune 1170 NW 66th Terrace Margate, FL 33063
29. Director Nicolas Nola 6705 NW 12th Street Margate, FL 33063
30. Director Daisy Valladares 6705 NW 12th Street Margate, FL 33063
31. Director Miguel Ortiz 6830 NW 9th Street Margate, FL 33063
32. Director Luz Ortega 6830 NW 9th Street Margate, FL 33063
33. Director Birgitt Padro 6685 NW 12th Street Margate, FL 33063
34. Director Pedro Padro 6685 NW 12th Street Margate, FL 33063
35. Director Mitchell Pellecchia 6890 NW 9th Street Margate, FL 33063
36. Director Sabrina Segal 6890 NW 9th Street Margate, FL 33063
37. Director Jennifer M. Picard 1055 NW 69th Avenue Margate, FL 33063
38. Director Rudescinda Rios 6825 NW 9th Court Margate, FL 33063
39. Director Sandro L. Quiñónez 6825 NW 9th Court Margate, FL 33063
40. Director Rafael Ponton 6870 NW 9th Street Margate, FL 33063
41. Director Helene Ponton 6870 NW 9th Street Margate, FL 33063
42. Director Angela Santiago 6655 NW 11th Court Margate, FL 33063
43. Director Bob R. Sweet 6820 NW 9th Street Margate, FL 33063
44. Director Marilyn B. Vandermeulen 6795 NW 9th Street Margate, FL 33063
45. Director Jose Velez 1000 NW 66th Terrace Margate, FL 33063
46. Director Debra Smith 1125 NW 67th Avenue Margate, FL 33063
47. Director Inez Young-Ross 985 NW 67th Terrace Margate, FL 33063