

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006016

FILED
Apr 14, 2009
Secretary of State

Entity Name: PARADISE GARDENS V HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6890 NW 9TH STREET
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6890 NW 9TH STREET
MARGATE, FL 33063

New Mailing Address:

FEI Number: 42-1706688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, SABRINA
6890 NW 9TH STREET
MARGATE, FL 33063 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: D () Delete
Name: SEGAL, SABRINA
Address: 6890 NW 9TH STREET
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: PELLECCIA, MITCHELL
Address: 6890 NW 9TH STREET
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: COLON, COSME R
Address: 1160 NW 66TH TERRACE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: ALARCON, ROY
Address: 1145 NW 69TH AVE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: ALLMAN, EMMA
Address: 990 NW 67TH TERRACE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: BROWN, FLORY
Address: 1125 NW 69TH AVE
City-St-Zip: MARGATE, FL 33063

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:

Title: () Change () Addition
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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: SABRINA SEGAL

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date