2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2011
Secretary of State

DOCUMENT# N06000006016

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

Title: D
Name: PELLECCHIA, MITCHELL
Address: 6890 NW 9TH STREET
City-St-Zip: MARGATE, FL 33063

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SABRINA SEGAL D 04/24/2011

Electronic Signature of Signing Officer or Director — Date