

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007758

FILED  
Mar 29, 2007  
Secretary of State

**Entity Name:** PARADISE FARM PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7208 SAND LAKE ROAD  
SUITE 304  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7208 SAND LAKE ROAD  
SUITE 304  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-5871885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOLAN, BARBARA  
7208 SAND LAKE ROAD  
SUITE 304  
ORLANDO, FL 32819 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: NOLAN, BARBARA  
Address: 7208 SAND LAKE ROAD #304  
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete  
Name: SWITZER, JEFFREY  
Address: 7208 SAND LAKE ROAD #304  
City-St-Zip: ORLANDO, FL 32819

Title: STD ( ) Delete  
Name: LIND, LISA  
Address: 7208 SAND LAKE ROAD #304  
City-St-Zip: ORLANDO, FL 32819

**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 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: BARBARA NOLAN

PD

03/29/2007

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

\_\_\_\_\_  
Date