## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000048

Entity Name: FRIENDS OF PARADIS DES INDIENS, INC.

FILED Apr 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3227 BEECHBERRY CIRCLE DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 3227 BEECHBERRY CIRCLE DAVIE, FL 33328 FEI Number: 26-1847177 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SINGER, BERNARD A 3107 STIRLING ROAD SUITE 105 FT. LAUDERDALE, FL 33312 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAZELAIS, CHANTAL L Name: Name: 3227 BEECHBERRY CIRCLE Address: Address: City-St-Zip: DAVIE, FL 33328 City-St-Zip: Title: ( ) Delete Title: () Change () Addition JEANNOPOULOS, MIREILLE L Name: Name: Address: 5221 N 37TH STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CORIAT, JOELLE L Name: CORIAT, JOELLE C Name: 472 HAMPTON LANE 472 HAMPTON LANE Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149 Title: ( ) Delete Title: () Change () Addition DI MARIA, ANTHONY A Name: Name: 908 SAVANNAH FALLS DRIVE Address: Address: WESTON, FL 33327 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BARON, GUY BARON, GUY J Name: Name: 4374 NW 103RD AVE 4374 NW 103RD AVE Address: Address: SUNRISE, FL 33351 City-St-Zip: City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: (X) Change ( ) Addition SCOTT, NICOLE D SCOTT, NICOLE D Name: Name: Address: 1450 HARBORSIDE DRIVE Address: 1450 HARBOR SIDE DRIVE WESTON, FL 33326 WESTON, FL 33326 City-St-Zip: 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: GUY J. BARON D 04/03/2009