2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N08782

Entity Name: PARADISE LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2802 PARADISE LAKES RD
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 525
VERNONY, FL 32462 US

New Mailing Address:

P.O. BOX 525
VERNON, FL 32462 US

FEI Number: 59-2817603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, A.C.
2802 PARADISE LAKES RD
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

GREEN, PATRICIA ILENE
2802 PARADISE LAKES RD
CHIPLEY, FL 32428 US

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: PATRICIA ILENE GREEN 04/29/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEAFIE, SUZANNE
Address: 3957 DUNFORD CIRCLE
City-St-Zip: CHIPLEY, FL 33428

Title: VP ( ) Delete
Name: HODGES, K.B.
Address: PARADISE LAKES ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: DVP ( ) Delete
Name: HIGBEE, RICHARD J
Address: PIONEER ROAD @ HIGHWAY 77
City-St-Zip: WAUSAU, FL 32463

Title: STD ( ) Delete
Name: GREEN, PATRICIA I
Address: 580 1ST STREET
City-St-Zip: CHIPLEY, FL 32428

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
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 Section 119.07(3)(i), 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: PATRICIA ILENE GREEN STD 04/29/2004
Electronic Signature of Signing Officer or Director Date