


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N08782 1. Entity Name PARADISE LAKES HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2802 PARADISE LAKES RD CHIPLEY, FL 32428 US	Mailing Address P.O. BOX 838 LYNN HAVEN, FL 32444 US
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04272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2817603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOORE, SUZANNE 3957 DUNFORD CIRCLE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HIGBEE, RICHARD J PIONEER ROAD @ HIGHWAY 77 WAUSAU, FL 32463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GREEN, PATRICIA I 580 1ST STREET CHIPLEY, FL 32428
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 05/17/06-80137-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Ilene Green Date: 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #