



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N08782	
1. Entity Name PARADISE LAKES HOMEOWNERS' ASSOCIATION, INC.	

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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08042007 No Chg-NP	CR2E037 (4/06)
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000773210 09/05/07-80001-024 61.25
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Patricia Ilene Green</i> <i>Patricia Ilene Green</i>	Date: <i>8/3/07</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
<small>Daytime Phone #</small>	