

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90023 029 ****61.25

DOCUMENT # N13282

1. Entity Name

BAMBOO PARADISE HOMEOWNERS ASSOC. INC.



Principal Place of Business

% MRS. M. ERICKSON
2422 JOYCE LN
PEMBROKE PARK FL 33009
US

Mailing Address

% MRS. M. ERICKSON
2422 JOYCE LN
PEMBROKE PARK FL 33009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0069096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JODOIN, ROBERT
2423 JOYCE LANE
PEMBROKE PARK FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	STAPLEDON, BRIAN	<input checked="" type="checkbox"/> Delete
NAME		2415 CHERI LANE	
STREET ADDRESS		PEMBROKE PARK FL	
CITY-ST-ZIP			
TITLE	VD	ERICKSON, MARILYN	<input type="checkbox"/> Delete
NAME		2422 JOYCE LANE	
STREET ADDRESS		PEMBROKE PARK FL	
CITY-ST-ZIP			
TITLE	DPP	HARDING, BILL	<input checked="" type="checkbox"/> Delete
NAME		2414 GLORIA LANE	
STREET ADDRESS		PEMBROKE PARK FL	
CITY-ST-ZIP			
TITLE	P	RAYMOND, JOBIN	<input type="checkbox"/> Delete
NAME		2401 CHERI LAKE	
STREET ADDRESS		PEMBROKE PARK FL	
CITY-ST-ZIP			
TITLE	SD	BELANGER, GAETAN	<input checked="" type="checkbox"/> Delete
NAME		2417 CHERI LANE	
STREET ADDRESS		PEMBROKE PARK FL	
CITY-ST-ZIP			
TITLE	D	YARGEAU, GISELE	<input checked="" type="checkbox"/> Delete
NAME		2421 HOWARD RD.	
STREET ADDRESS		PEMBROKE PINES FL	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	GAUTHIER, GUY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2410 CHERI LANE	
STREET ADDRESS		PEMBROKE PARK, FL.	
CITY-ST-ZIP			
TITLE	D	MAILLOUX, GILLES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2411 CHERI LANE	
STREET ADDRESS		PEMBROKE PARK, FL.	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 2004 **954 981-5208**

Date

Daytime Phone #