


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90037 034 ****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
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01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0069096	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 JODOIN, ROBERT 2423 JOYCE LANE PEMBROKE PARK, FL 33009

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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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAUTHIER, GUY 2410 CHERI LANE PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERICKSON, MARILYN 2422 JOYCE LANE PEMBROKE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAILLOUX, GILLES 2411 CHERI LANE PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND, JOBIN 2401 CHERI LAKE PEMBROKE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEAN, FRANCINE 2408 HOWARD PEMBROKE PARK, FL
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 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: <u>Robert Jodoin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>March 16th, 2005</u>	Daytime Phone #: <u>954-981-5208</u>
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