

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 018 ****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**

40044433



03242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**JODOIN, ROBERT
2423 JOYCE LANE
PEMBROKE PARK, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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

**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
**SD
JEAN, FRANCINE
2408 HOWARD
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 LANE
PEMBROKE PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LAMBERT, PAULINE
2420 GLORIA LANE
PEMBROKE PARK, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 30, 2006

Date

954-981-5208

Daytime Phone #