


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90072 042 ****61.25

DOCUMENT # N29386 1. Entity Name PARADISE LAKES, PHASE III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2001 BRINSON ROAD UNIT 550 LUTZ, FL 33558 US			Mailing Address 2001 BRINSON ROAD UNIT 550 LUTZ, FL 33558 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2974800	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IVERSEN, ARNIE 2001 BRINSON RD. #101 LUTZ, FL 33558				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMONDI, RONALD		NAME	ROBERTS, LYLE	
STREET ADDRESS	7900 GENOA LANE		STREET ADDRESS	2001 BRINSON RD. #401	
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEASY, TERRY		NAME	PEERCY BEVERLY	
STREET ADDRESS	2001 BRINSON RD #307		STREET ADDRESS	1138 FOX CHAPEL DR.	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, LYLE		NAME	MITCHELL, DWIGHT	
STREET ADDRESS	2001 BRINSON RD., #401		STREET ADDRESS	2001 BRINSON RD. #107	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEERCY, BEVERLY		NAME	SWEASY, TERRY	
STREET ADDRESS	1138 FOX CHAPEL DR		STREET ADDRESS	2001 BRINSON RD. #307	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVERSEN, ARNIE		NAME		
STREET ADDRESS	2001 BRINSON RD., #101		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>ARNIE IVERSEN</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/12/05 813-948-1591 Date Daytime Phone #		