


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90399 046 \*\*\*\*61.25

<b>DOCUMENT # N29386</b>	
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
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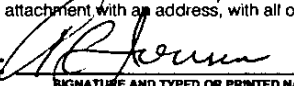
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
02072006 Chg-NP	CR2E037 (11/05)
4. FEI Number 59-2974800	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	
IVERSEN, ARNIE 2001 BRINSON RD. #101 LUTZ, FL 33558	

7. Name and Address of New Registered Agent	
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, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, LYLE 2001 BRINSOM RD #401 LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 BRINSON RD. #401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEERCY, BEVERLY 1138 FOX CHAPEL DR LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DV FRANK IRELAND 2001 BRINSON RD. #527 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MITCHELL, DWIGHT 2001 BRINSOM RD #107 LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 BRINSON RD #107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SWEASY, TERRY 2001 BRINSOM RD #307 LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 BRINSON RD. #307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IVERSEN, ARNIE 2001 BRINSON RD., #101 LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  ARNIE IVERSEN	3/23/06 813-948-1591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #