2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N29386

1. Entity Name

PARADISE LAKES, PHASE III CONDOMINIUM ASSOCIATION, INC.



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

ipai Place of Business

2001 BRINSON ROAD UNIT 550

LUTZ, FL 33558 US

Mailing Address

2001 BRINSON ROAD

UNIT 550

LUTZ, FL 33558 US



П

01202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2974800

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IVERSEN, ARNIE 2001 BRINSON RD. #101

LUTZ, FL 33558

10.

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	re harned entity submits this statement for the purpose ations of registered agent.	or changing its registered office of registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE			

Filing Fee is \$61.25 Due by May 1, 2008

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE NAME CIEPLY, GENE A STREET ADDRESS 2001 BRINSON RD 207 CITY-ST-ZIP LUTZ. FL 33558 TITLE NAME IRELAND, FRANK STREET ADDRESS 2001 BRINSON RD #527 CITY-ST-ZIP LUTZ, FL 33558 TITLE DS NAME MITCHELL, DWIGHT STREET ADDRESS 2001 BRINSON RD #107 CITY-ST-ZIP LUTZ, FL 33558 TETLE DV NAME SWEASY, JIM STREET ADORESS 2001 BRINSON RD #307 CITY-ST-71P LUTZ, FL 33558 TITLE NAME IVERSEN, ARNIE STREET ADDRESS 2001 BRINSON RD., #101 CITY-ST-ZIP LUTZ, FL 33558 TITLE NAME

OFFICERS AND DIRECTORS

U00000892431 04/23/08-80062-017 61.25

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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

STREET ADDRESS CITY-ST-ZIP

MANUAL (TVCUM HKNOLD C. IVERSEN
HOMATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J,

813-948-1591

Daytime Phone #