2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N29386

Entity Name: PARADISE LAKES, PHASE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2001 BRINSON ROAD
UNIT 550
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

2001 BRINSON ROAD
UNIT 550
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 59-2974800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVERSEN, ARNIE
2001 BRINSON RD.
#101
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CIEPLY, GENE A
Address: 2001 BRINSON RD 207
City-St-Zip: LUTZ, FL 33558

Title: DV ( ) Delete
Name: IRELAND, FRANK
Address: 2001 BRINSON RD #527
City-St-Zip: LUTZ, FL 33558

Title: DS ( ) Delete
Name: MITCHELL, DWIGHT
Address: 2001 BRINSON RD #107
City-St-Zip: LUTZ, FL 33558

Title: DV ( ) Delete
Name: SWEASY, JIM
Address: 2001 BRINSON RD #307
City-St-Zip: LUTZ, FL 33558

Title: DT ( ) Delete
Name: IVERSEN, ARNIE
Address: 2001 BRINSON RD., #101
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNIE IVERSEN DT 02/27/2009
Electronic Signature of Signing Officer or Director Date