

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N30960 1. Entity Name PARADISE HOMEOWNERS, INC.					
Principal Place of Business 146 MARINA AVE KEY LARGO FL 33037 US		Mailing Address 146 MARINA AVE KEY LARGO FL 33037 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number NO-T APPLICABLE		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PENZER, MARK 1840 WEST 49TH STREET SUITE 510 HIALEAH FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	VPD ESPINEL, PAULINNO 146 MARINA AVE UNIT #1 KEY LARGO FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000433057 02/23/06-80094-003 45.84	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HILLS, ROBERT 146 MARINA AVENUE, UNIT 2 KEY LARGO FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000433057 02/23/06-80094-010 15.41	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERRY, JERRY 146 MARINA AVENUE, UNIT 4 KEY LARGO FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELLO, ENRIQUE A 146 MARINA AVENUE, UNIT 3 KEY LARGO FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered