


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90147 006 ****61.25

DOCUMENT # N36861

1. Entity Name
PARADISE POINTE OF ST. PETERSBURG LOT OWNERS ASSOCIATION, INC.



Principal Place of Business
**PARADISE PTE CIRCLE
 SAINT PETERSBURG, FL 33712**

Mailing Address
**25400 US HWY 19 N.
 STE.156
 CLEARWATER, FL 33763**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**STEPHEN A. KING
 SUITE 156
 25400 US HWY. 19 N.
 CLEARWATER, FL 33763**

40040



03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3583878

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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**

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAGGIO, FRANK 724-A 2ND AVE SOUTH SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GARCIA, ROBERTO 7640 PALADISE PT. CIR. S. SAINT PETERSBURG, FL 337114903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WOOD, SCOTT 7670 PALADISE PT. CIR. S. SAINT PETERSBURG, FL 337114903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCOTT WOOD 7670 PALADISE PT CIR S. ST. PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD David Kanstrom 155 45th Avenue N.E. St. Petersburg, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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 affidavit, with all other like empowered.

SIGNATURE:  **Scott Wood, President** **727-797-7533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #