


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36861</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3583878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, ROBERTO 7640 PALADISE PT. CIR. S. SAINT PETERSBURG, FL 337114903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, DOLLY 7620 PALADISE PT CIR S. SAINT PETERSBURG, FL 337114903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP KANSTROOM, DAVID 155 45TH AVE NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000929111  
 05/18/08-80018-014 61.25

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* **4-20-08** **727-797-7513**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #