


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90019 031 ****61.25

DOCUMENT # N41123

1. Entity Name
PARADISE VILLAGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**CONDOMINIUM MANAGEMENT GROUP INC.
 P.O. BOX 47068
 ST. PETERSBURG, FL 33743-7068 US**

Mailing Address
**CONDOMINIUM MANAGEMENT GROUP INC.
 P.O. BOX 47068
 ST. PETERSBURG, FL 33743-7068 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
3001 Executive Dr
 Suite, Apt. #, etc.
#260
 City & State
CLEARWATER, FL
 Zip Country
33762 Pinellas

07302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3071355

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**WELTON, RONALD
 5444 PARK BLVD
 PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent
 Name *Condominium Associates*
 Street Address (P.O. Box Number is Not Acceptable)
3001 Executive Dr
Suite 260
 City *CLEARWATER* **FL** Zip Code *33762*

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 September 14, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JIM	
STREET ADDRESS	442 SANDY HOOK RD	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARSON, DONALD	
STREET ADDRESS	424 SANDY HOOK ROAD	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCALDUFF, BILL	
STREET ADDRESS	440 SANDY ROCK ROAD	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUBICK, MAUREEN	
STREET ADDRESS	462 SANDY HOOK RD	
CITY-ST-ZIP	TREASURE ISLAND, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

SIGNATURE: *[Signature]* 31 JULY 2007 7273275775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #