

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90054 025 ****61.25

DOCUMENT # N41757	
1. Entity Name PARADISE PINES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 6331 STIRLING ROAD DAVIE, FL 33314	Mailing Address POST OFFICE BOX 550274 DAVIE, FL 33325
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40002676



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0745289	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRAHAM, DARRELL 6331 STIRLING ROAD DAVIE, FL 33314		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, JOHN 12025 SW 22ND CT. DAVIE, FL 33325 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fernando Miranda 2181 SW 120 Terr. DAVIE, FL 33325 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRAVERMAN, FELIX 2130 SW 119TH TERRACE DAVIE, FL 33325 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marcy Kelly 12025 SW 22 CT. DAVIE, FL 33325 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PECK, GRETE 2221 SW 120TH TERR. DAVIE, FL 33325 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Susan Feijoo 11975 SW 22 CT DAVIE, FL 33325 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARO, DEBRA 12010 SW 23RD CT WESTON, FL 33327 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marcy Kelly MARCY KELLY 1/14/05 954-915-0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #