

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41757

FILED
Feb 23, 2009
Secretary of State

Entity Name: PARADISE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6331 STIRLING ROAD
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 550274
DAVIE, FL 33325

New Mailing Address:

FEI Number: 65-0745289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAHAM, DARRELL
6331 STIRLING ROAD
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHMIDT, MARK L
Address: 8320 W. SUNRISE BLVD SUITE 204
City-St-Zip: PLANTATION, FL 33322

Title: DVP () Delete
Name: BRAVERMAN, FELIX
Address: 2130 SW 119 TERR
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: FEIJOO, SUSAN
Address: 11975 SW 22 CT
City-St-Zip: DAVIE, FL 33325

Title: DT () Delete
Name: BRAHAM, DARRELL
Address: 6331 STIRLING RD
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SCHMIDT

DP

02/23/2009

Electronic Signature of Signing Officer or Director

Date