


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90061 030 ****61.25

DOCUMENT # N43050 1. Entity Name PARAISO COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 75 NE 6 AVENUE, 206 DELRAY BEACH, FL 33483 US			Mailing Address 75 NE 6 AVENUE, 206 DELRAY BEACH, FL 33483 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESTEBANEZ, ERIC 75 NE 6 AVENUE, 206 DELRAY BEACH, FL 33483				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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDRAK, NABIL		NAME	MATTIN, JON	
STREET ADDRESS	10170 FESTIVAL WAY		STREET ADDRESS	10309 ALLEGRO DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, KAREN		NAME		
STREET ADDRESS	10315 ALLEGRO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARTITEGUI, ANDRES		NAME	ANDRES LARTITEGUI	
STREET ADDRESS	10297 ALLEGRO DR		STREET ADDRESS	10297 ALLEGRO DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SALERNO, JUDITH	
STREET ADDRESS			STREET ADDRESS	22352 OVERTURE CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LIEBERMAN, JERRY	
STREET ADDRESS			STREET ADDRESS	22201 FESTIVAL WAY	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/23/06 Date Daytime Phone #		