

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N43050

Entity Name: PARAISO COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

75 NE 6 AVENUE, 206
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

75 NE 6 AVENUE, 206
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0320384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEBANEZ, ERIC
75 NE 6 AVENUE, 206
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

ESTEBANEZ, ERIC
C/O POINTE MANAGEMENT GROUP
75 NE 6 AVE, 206
DELRAY BEACH, FL 33483 US

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

04/01/2009

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VALANCY, STEVE
Address: 10170 ALLEGRO DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: SOMERS, LAURIE
Address: 10241 FUNFARE DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: SALERNO, JUDITH
Address: 22352 OVERTURE CIR
City-St-Zip: BOCA RATON, FL 33428

Title: P () Delete
Name: LIEBERMAN, JERRY
Address: 22281 FESTIVAL WAY
City-St-Zip: BOCA RATON, FL 33428

Title: T (X) Delete
Name: THOMPSON, BETTI
Address: 10230 FANFARE DR
City-St-Zip: BOCA RATON, FL 33428

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:

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: JERRY LIEBERMAN

Electronic Signature of Signing Officer or Director

P

04/01/2009

Date