


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47755</b> 1. Entity Name <b>PARAGON PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>130 NINTH STREET NORTH NAPLES, FL 33940</b>	Mailing Address <b>C/O CAMERON REAL ESTATE 1250 TAMiami TRAIL N, SUITE 101 NAPLES, FL 34102 US</b>
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01112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0411855</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SPANO, JOSEPH G 130 TAMIAMITRIAL NORTH STE 240 NAPLES, FL 34102</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000888528</b> <b>04/22/08-80017-006 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANO, JOSEPH G 130 TAMiami TRAIL NORTH STE 240 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMPOGNA, ANTONIO 575 BANYAN ROAD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVATORI, ROBERT W 130 TAMiami TRAIL N. #100 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **7/1/08 239 263 4470**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #