1/13/00-90042-008-$61.25-$61.25

DOCUMENT # N94000003634

1. Entity Name

PARAGON CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 16, 2000 8:00 am
Secretary of State
01-13-2000 90042 008 ****61.25

Principal Place of Business	Mailing Address
4400 N. A-1-A FT PIERCE FL 34949 US	4400 N. A-1-A FT PIERCE FL 34949-8285 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0607671 ☐ 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
MOORE, RICHARD 4400 NORTH A1A FORT PIERCE FL 34949	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOORE, RICHARD 4400 N. A1A, #301 FT PIERCE FL 34949 D	☐ Delete	AXELROD, JACK 4400 N. A1A, #201 FT. PIERCE FL 34949 D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GIRARDI, GEORGE 400 N. A1A, #401 FT PIERCE FL 34949	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SKLAR, WALTER 400 N. A1A, #1001 D FT PIERCE FL 34949	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLUCCI, JENNIE 4400 NO. A1A #1202 FORT PIERCE FL 34949	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALE, JOHN 4400 NO. A1A #1202 FORT PIERCE FL 34949	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 1/4/00 (561) 595-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #