2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003634

FILED Apr 04, 2005 Secretary of State

Entity Name: PARAGON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4400 NORTH A-1-A FT PIERCE, FL 34949 US

Current Mailing Address: New Mailing Address:

4400 NORTH A-1-A FT PIERCE, FL 34949 US

FEI Number: 65-0607671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARSEN, STUART E

4400 NORTH A1A, #701

FORT PIERCE, FL 34949

US

LARSEN, BONNY L

4400 NORTH A1A, #701

FORT PIERCE, FL 349498280 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: BONNY L. LARSEN 04/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: LARSEN, STUART E Name: BRACK, DAVID

Address: 4400 NORTH A1A, #701 Address: 4400 NORTH A1A, #502
City-St-Zip: FT PIERCE, FL 34949 City-St-Zip: FT PIERCE, FL 34949

Title: D () Delete Title: D (X) Change () Addition Name: MOORE, RICHARD Name: BUCKLEY, CHARLES

Address: 4400 NORTH A1A, #1001 Address: 4400 NORTH A1A, #601
City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 SARVER, ROGER
 Name:
 SNOW, ROBERT

 Address:
 4400 NORTH AIA, # 301
 Address:
 4400 NORTH AIA, # 402

 City-St-Zip:
 FORT PIERCE, FL 34949
 City-St-Zip:
 FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID BRACK D 04/04/2005