


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90017 012 \*\*\*\*61.25

<b>DOCUMENT # N94000004618</b> 1. Entity Name PARADISE COURT HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3385 NORTHSIDE DRIVE KEY WEST, FL 33040 US	Mailing Address 3385 NORTHSIDE DRIVE KEY WEST, FL 33040 US
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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0536163	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MURRAY, JANET E 3385 NORTHSIDE DRIVE KEY WEST, FL 33040
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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 *David E. Murray* (NOTE: Registered Agent signature required when reinstating) DATE 1-10-06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JULIE 3600 NORTHSIDE CT KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JE 3385 NORTHSIDE DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, SHELLY 6125 2ND ST #22 KEY WEST, FL 33040
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: *David E. Murray* Date 1-10-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #