


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

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # N95000003246 1. Entity Name PARADISE OAKS PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2802 PARADISE LAKES ROAD CHIPLEY, FL 32428	Mailing Address PO BOX 838 LYNN HAVEN, FL 32444
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04272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, ALAN H 3189 PIONEER ROAD VERNON, FL 32462
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, ALAN H 915 DELAWARE AVE. LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, A C 3189 PIONEER ROAD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, SUZANNE 3415 JENKS AVE. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80137-022 61.25

**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 817, 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:

A C Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06