

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90001 007 ****61.25

DOCUMENT # N95000004566 1. Entity Name PARADISE BAY ESTATES TENANTS' ASSOC., INC.					
Principal Place of Business 10315 44 AVE. WEST BRADENTON, FL 34210 US			Mailing Address 10315 44 AVE. WEST 39 4TH ST BRADENTON, FL 34210 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0635722	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOWDING, FLORENCE 10315 44TH AVE W 39 4TH ST BRADENTON, FL 34210				Name Mary Ann Sidlowski Street Address (P.O. Box Number is Not Acceptable) 10315 44th Ave. W 52-3rd St. City Bradenton FL 34210 FL Zip Code 34210	
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 <u>Mary Ann Sidlowski</u> <u>Mary Ann Sidlowski</u> <u>Secretary/Treasurer</u> <u>March 23, 2007</u> <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWDING, FLORENCE H		NAME	Dominic Sapuppo	
STREET ADDRESS	10315 44TH AVE W 39 4TH ST		STREET ADDRESS	10315 44th Ave. W 37 4th St.	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	Bradenton FL 34210	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, RONALD E		NAME	Mary Ann Sidlowski	
STREET ADDRESS	10315 44TH AVE W 57 4TH ST		STREET ADDRESS	10315 44th Ave W 52 3rd St.	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	Bradenton FL 34210	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDSON, NINA		NAME	Mary Ann Sidlowski	
STREET ADDRESS	10315 44TH AVE W 49 3RD		STREET ADDRESS	10315 44th Ave W 52 3rd St	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	Bradenton FL 34210	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEARNEY, MARGARET		NAME		
STREET ADDRESS	10315 44 AVE W 41 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Mary Ann Sidlowski</u> <u>Mary Ann Sidlowski</u> <u>3-23-07</u> <u>574-527-1925</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					