2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N95000004566 03-05-2008 90022 001 ****61.25 PARÁDISE BAY ESTATES TENANTS' ASSOC., INC. Principal Place of Business Mailing Address 10315 44 AVE. WEST 10315 44 AVE. WEST BRADENTON, FL 34210 **39 4TH ST** BRADENTON, FL 34210 US 3. Mailing Address 10315 44th Ave.W 30-3rd 9t. Bradenton FL 34310 Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 02142008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0635722 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Amos Curry Street Address (P.O. Box Number is Not Acceptable) 10315 144h Ave. W SIDLOWSKI, MARY A 10315 44TH AVE W 52-3RD **BRADENTON, FL 34210** 20-3rd St. Bradenton 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. Amos Curr President March 2,2008 SIGNATURE stered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ST Sec. Tras. TITLE X Delete TITLE SIDLOESKI, MARY ANN Bob Chamilliard NAME .. NAME 10315 44+4 AUE W 8 WPT. St. STREET ADDRESS 10315 44TH AVE W 39 4TH ST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-ZIP Bradenton FL 34210 TITLE माग्र ह ⊠ Change ☐ Addition Delete President Amos Curry 10315 44th Ave. W 30-3rd St. NAME SAPUPPE, DOMINIC NAME STREET ADDRESS 10315 44TH AVE W 57 4TH ST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-ZIP Bradenton FL 34210 TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change TITLE ☐ Delete TOT F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attackment with an address, with all other like empowered. 1Amos 941-792-5253

FILED

Mar 05, 2008 8:00 am