2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # N9700005873 1. Entity Name PALM PARADISE CONDOMINIUM ASSOCIATION, INC.)4-18-2005	90271 040 ****6	51.25	
Principal Place of Business 494 TALLWOOD DR. MARCO ISLAND, FL 34145 Principal Place of Business Mailing Address P.O. BOX 2674 MARCO ISLAND, FL 341			4146			`	*.		
2. Principal Place of Business		3. Mailing Address			F	18 81 88 89	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302005 C	hg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-348382	24		oplied For ot Applicable		
Zip	Country	Zip	Cou	untry	5. Certificate of S		S8.75 Add	ditional	
· ·	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Add	iress of New F	Registered Agent	نموجي حيث	
GREUSEL, JAMIE B ESQ.				Name	Name				
BERRY & GREUSEL ATTORNEY AT LAW 1104 N. COLLIER BLVD.				Street Addre	dress (P.O. Box Number is Not Acceptable)				
	SLAND, FL 34145								
				City			FL Zip Cod	е	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s register	ed office or reg	gistered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept	
						-			
SIGNATURE									
	Signature, typed or printed name of registered agent	t and Litle if applicable. (NO	TE: Registere	d Agent signature re-	quired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	ımpaign F		\$5.00 May Be Added to Fees	Flor	lake check payable to	tate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI PD BATES, ROBERT	9. Election Ca Trust Fund RECTORS	Ampaign F Contribut 11. TITLE NAM STRE	E P P P P P P P P P P P P P P P P P P P	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE Larvis	lake check payable to ida Department of SI	110 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/05

Daytime Phone #