


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 050 ****61.25

DOCUMENT # N99000006589					
1. Entity Name PARADISE POINT MARINA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5830 PARADISE POINT DR VILLAGE OF PALMETTO BAY, FL 33157			Mailing Address 12396 SW 82 AVE. MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYMAN, MICHAEL L HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS 150 W. FLAGLER ST., STE. 2701 MIAMI, FL 33130			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed 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, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMINSKY, RICHARD		NAME		
STREET ADDRESS	5844 PARADISE POINT DR		STREET ADDRESS		
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33157		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZARO, JO ANN		NAME		
STREET ADDRESS	5855 PARADISE POINT DR		STREET ADDRESS		
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33157		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, GLORIA		NAME	<i>Benjamin, Dawn</i>	
STREET ADDRESS	5852 PARADISE POINT DR		STREET ADDRESS	<i>5840 Paradise Point Dr.</i>	
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33157		CITY-ST-ZIP	<i>Palmetto Bay, FL 33157</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEICK, FREDERICK		NAME		
STREET ADDRESS	6153 PARADISE POINT DR		STREET ADDRESS		
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33157		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: <i>Richard Kaminsky</i> Richard Kaminsky <i>2-4-06</i> <i>305-218-5444</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
02-0562313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**