

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90026 012 ****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 - No P.O. Box # 9000 SW 152nd Street		3. Mailing Address 9000 SW 152nd Street	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33157		Zip 33157	
Country 		Country USA	
6. Name and Address of Current Registered Agent HYMAN, MICHAEL L HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS 150 W. FLAGLER ST., STE. 2701 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	DP-T KAMINSKY, RICHARD 5844 PARADISE POINT DR VILLAGE OF PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZARO, JO ANN 5855 PARADISE POINT DR VILLAGE OF PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GONZALEZ, GLORIA 5852 PARADISE POINT DR VILLAGE OF PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, DEVIN 5840 PARADISE POINT DR VILLAGE OF PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JO ANN SZARO <i>JoAnn Szaro</i> 3/6/07 305-235-0257 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0562313
Applied For
Not Applicable

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