2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2006
Secretary of State

DOCUMENT# N99000007171

Entity Name: PARADISE POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5855 PARADISE POINT SRIVE
MIAMI, FL 33157

New Principal Place of Business:

5855 PARADISE POINT SRIVE
VILLAGE OF PALMETTO BAY, FL 33157

Current Mailing Address:

5855 PARADISE POINT DRIVE
MIAMI, FL 33157

New Mailing Address:

5855 PARADISE POINT DRIVE
VILLAGE OF PALMETTO BAY, FL 33157

FEI Number: 02-0562266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SZARO, DONN
5855 PARADISE POINT SRIVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

SZARO, DONN
5855 PARADISE POINT SRIVE
VILLAGE OF PALMETTO BAY, FL 33157 US

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.

SIGNATURE: DONN SZARO 08/20/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SZARO, DONN
Address: 5855 PARADISE POINT DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: TURNER, GARY
Address: 5847 PARADISE POINT DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: KAMINSKY, NANCY
Address: 5844 PARADISE POINT DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SZARO, DONN
Address: 5855 PARADISE POINT DRIVE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: DIR (X) Change ( ) Addition
Name: TURNER, GARY
Address: 5847 PARADISE POINT DRIVE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: DIR (X) Change ( ) Addition
Name: KAMINSKY, NANCY
Address: 5844 PARADISE POINT DRIVE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONN SZARO PRES 08/20/2006
Electronic Signature of Signing Officer or Director Date