

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007171

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** PARADISE POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5855 PARADISE POINT SRIVE  
VILLAGE OF PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

5855 PARADISE POINT DRIVE  
VILLAGE OF PALMETTO BAY, FL 33157

**New Mailing Address:**

9000 SW 152 STREET  
SUITE 102  
VILLAGE OF PALMETTO BAY, FL 33157

FEI Number: 02-0562266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

THE FOSTER COMPANY OF SOUTH FLORIDA  
9000 SW 152 STREET  
SUITE 102  
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: FOSTER J. SCOTT JR

01/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SZARO, DONN  
Address: 5855 PARADISE POINT DRIVE  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: P ( ) Delete  
Name: TURNER, GARY  
Address: 5847 PARADISE POINT DRIVE  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Change (X) Addition  
Name: GONZALEZ, RAFAEL  
Address: 5852 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 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

VP

01/29/2009

Electronic Signature of Signing Officer or Director

Date