

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 031 ***150.00

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1. Entity Name
PARADISE BANK



Principal Place of Business
**2420 N FEDERAL HWY
BOCA RATON, FL 33431**

Mailing Address
**2420 N FEDERAL HWY
BOCA RATON, FL 33431**

40013794



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3037095

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BURKE, WILLIAM
2420 N FEDERAL HWY
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, type or printed name of registered agent and title if applicable.

William J. Burke, President 1/23/08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERGER, WILLIAM
STREET ADDRESS	4457 WOODFIELD BLVD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	BURKE, WILLIAM
STREET ADDRESS	15640 HUNTRIDGE RD
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	D
NAME	COMPARATO, JAMES A
STREET ADDRESS	400 S OCEAN BLVD #1
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	DICKENSON, DAVID B
STREET ADDRESS	1240 COCOANUT RD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	ENGLERT, DAVID W
STREET ADDRESS	9344 WATER COURSE WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D
NAME	GAVIN, DENNIS W
STREET ADDRESS	1328 SW 12TH ST
CITY-ST-ZIP	BOCA RATON, FL 334865331

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Dennis W. Gavin, EVP 1/23/08 (561) 392-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #