

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017229

FILED
Jan 08, 2009
Secretary of State

Entity Name: PARADISE POINT MOBILE HOME PARK, INC.

Current Principal Place of Business:

99 SEASIDE AVE
#3
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

99 SEASIDE AVE
#3
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSE, FRANKLIN L
99 SEASIDE AVE
#3
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

ROSE, FRANKLIN L TREAS.
99 SEASIDE AVE
#3
KEY LARGO, FL 33037 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: FRANKLIN L. ROSE

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZOLOT, SYLVIA
Address: 99 SEASIDE AVE
City-St-Zip: KEY LARGO, FL 33037

Title: VP () Delete
Name: ROSE, LORRAINE F
Address: 99 SEASIDE AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: BRADSHAW, CATHERINE
Address: 99 SEASIDE AVE
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: ROSE, FRANKLIN L
Address: 99 SEASIDE AVE., #3
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN L. ROSE

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date