2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106972

Entity Name: PARADISE GOLF PROPERTIES, INC.

FILED Apr 28, 2009 Secretary of State

Name and Address of Current Registered Agent: LOSEY, DANIEL R 15050 BALMORAL LOOP FORT MYERS, FL 33919 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						
Current Mailing Address: New Registered Agent: Name and Address of New Registered Agent: Name: Address: New Registered Agent: Name: Address: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: New Name: Address: New Mailing Address: New Mailing Address: New Mailing Address: New Mailing New Mailing New Address: New Mailing New Address: New Mailing New Mailing New Address: New Mailing New Address Ad	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15050 BALMORAL LOOP FORT MYERS, FL 33919 US FEI Number: 52-2074231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: LOSEY, DANIEL R 15050 BALMORAL LOOP FORT MYERS, FL 33919 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent						
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Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Name: LOSEY, DANIEL R Address: 15050 BALMORAL LOOP Address: City-St-Zip: FORT MYERS, FL 33919 Title: DTS () Delete Title: V () Change () Addition Name: Address: City-St-Zip: Title: V () Delete Title: () Change () Addition Name: Address: Title: () Change () Addition Name: Address: Title: V () Delete Title: () Change () Addition Name: SPENCER, DAVIS Name: Address: 1580 BAYWATER LANE	SIGNATOR		ic Signature of Registered Ag	ent	 Date	
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	Name: Address:	SPENCER, DAV 1580 BAYWATE	'IS ER LANE	Name: Address:	() Change () Addition	

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: TONYA LOSEY DTS 04/28/2009