

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007708

**Entity Name:** PARADISE ESTATES OF PASCO COUNTY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 04, 2013**  
**Secretary of State**  
**CC9131424937**

**Current Principal Place of Business:**

6710 EMBASSY BLVD.  
206  
PORT RICHEY, FL 34668

**Current Mailing Address:**

6710 EMBASSY BLVD.  
206  
PORT RICHEY, FL 34668 US

**FEI Number: 59-3719803**

**Certificate of Status Desired: No**

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

MYSZKOWIAK, MARYANN  
6710 EMBASSY BLVD  
SUITE 206  
PORT RICHEY, FL 34668 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SEWELL, SHARON E  
Address 6710 EMBASSY BLVD. SUITE 206  
City-State-Zip: PORT RICHEY FL 34668

Title S/T  
Name STROBBE, TINA  
Address P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title D  
Name STROBBE, MICHAEL  
Address P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

*I hereby 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 all other like empowered.*

**SIGNATURE: SEWELL , SHARON E**

**PD**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date