

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000073541

**Entity Name:** PARADISE BANK

**Current Principal Place of Business:**

2420 N FEDERAL HWY  
BOCA RATON, FL 33431

**Current Mailing Address:**

2420 N FEDERAL HWY  
BOCA RATON, FL 33431

**FEI Number:** 20-3037095

**Certificate of Status Desired:** No

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

BURKE, WILLIAM J  
2420 N FEDERAL HWY  
BOCA RATON, FL 33431 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 D  
Name SACKET, KEVIN M  
Address 8325 SE WOODCREST PL  
City-State-Zip: HOBE SOUND FL 33455

Title D  
Name BURKE, WILLIAM J  
Address 15640 HUNTRIDGE RD  
City-State-Zip: DAVIE FL 33331

Title D  
Name DICKENSON, DAVID B  
Address 1240 COCOANUT RD  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name ENGLERT, DAVID W  
Address 9516 EQUUS CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33472

Title D  
Name GAVIN, DENNIS W  
Address 1328 SW 12TH ST  
City-State-Zip: BOCA RATON FL 33486

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

**SIGNATURE:** WILLIAM J BURKE

**PRESIDENT**

**04/11/2019**

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

\_\_\_\_\_  
Date