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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733672 (0)

1. Corporation Name

PARADISE GARDENS SECTION FOUR MAINTENANCE CORPORATION, INC.



Principal Place of Business

Mailing Address

7700 MARGATE BLVD  
MARGATE FL 33063

7700 MARGATE BLVD  
MARGATE FL 33063-4036

3. Date Incorporated or Qualified  
08/18/1975

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1807378

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, KATHRYN  
7190 NW 8 CT  
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME CARLSON, KATHRYN  
STREET ADDRESS 7190 N.W. 8TH COURT  
CITY-ST-ZIP MARGATE FL 33063

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  DELETE  
NAME ABBOTT, SHIRLEY  
STREET ADDRESS 7485 N.W. 7TH PLACE  
CITY-ST-ZIP MARGATE FL 33063

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CDP  DELETE  
NAME FARB, JOAN  
STREET ADDRESS 7260 NW 8TH CT.  
CITY-ST-ZIP MARGATE FL 33063

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE FSD  DELETE  
NAME GELB, MURIEL  
STREET ADDRESS 7260 NW 8TH COURT  
CITY-ST-ZIP MARGATE FL 33063

4.1 TITLE  Change  Addition  
4.2 NAME FSD GELB, MURIEL  
4.3 STREET ADDRESS 7260 NW 8TH STREET  
4.4 CITY-ST-ZIP MARGATE FL 33063

TITLE TD  DELETE  
NAME YOUNG, GENEVA  
STREET ADDRESS 7225 NW 8TH COURT  
CITY-ST-ZIP MARGATE FL 33063

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VPD  DELETE  
NAME TORNILLO, PATRICK  
STREET ADDRESS 7530 MARGATE BLVD  
CITY-ST-ZIP MARGATE FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn B. Carlson* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN CARLSON

Date

2/21/97 (954) 971-0205

Daytime Phone 0025455

CF2E037 (9/96)