


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733672 (0)**

1. Corporation Name  
**PARADISE GARDENS SECTION FOUR MAINTENANCE CORPORATION, INC.**

Principal Place of Business <b>7700 MARGATE BLVD MARGATE FL 33063</b>	Mailing Address <b>7700 MARGATE BLVD MARGATE FL 33063</b>
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<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Zip	<b>25</b> Country
<b>29</b> Zip	<b>30</b> Country

<b>3</b> Date Incorporated or Qualified <b>08/18/1975</b>	
<b>4</b> FEI Number <b>59-1807378</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>7</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CARLSON, KATHRYN  
7190 NW 8 CT  
MARGATE FL 33063**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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: *Kathryn Carlson* **President** DATE: **Jan 14, 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, KATHRYN	1.2 NAME	
STREET ADDRESS	7190 N.W. 8TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, SHIRLEY	2.2 NAME	
STREET ADDRESS	7485 N.W. 7TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	
TITLE	CDP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARB, JOAN	3.2 NAME	
STREET ADDRESS	7260 NW 6TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	
TITLE	SDF <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELB, MURIEL	4.2 NAME	
STREET ADDRESS	7260 NW 8TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, GENEVA	5.2 NAME	
STREET ADDRESS	7225 NW 8TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	5.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNILLO, PATRICK	6.2 NAME	
STREET ADDRESS	7530 MARGATE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	6.4 CITY-ST-ZIP	

5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FADEN, BEATRICE	
5.3 STREET ADDRESS	7185 NW 9TH COURT	
5.4 CITY-ST-ZIP	MARGATE FL 33063	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14.** I 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: *Jan Fort* **VICE PRESIDENT** DATE: **1/4/98** TELEPHONE: **954-973-7627**

CR2E037 (10/97)