

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Haggis
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 PM 1:45
RECEIVED STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733672
1. Corporation Name
PARADISE GARDENS SECTION FOUR MAINTENANCE CORPORATION, INC.

Principal Place of Business: 7700 MARGATE BLVD MARGATE FL 33063
Mailing Address: 7700 MARGATE BLVD MARGATE FL 33063



2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified (08/18/1975), 4. FEI Number (59-1807378), 5. Certificate of Status Desired, 6. Election Campaign Financing

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
81 Name: SHIRLEY A. ABBOTT
82 Street Address: 7485 N.W. 7 PL
83
84 City: MARGATE FL 85 Zip Code: 33063

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: Shirley Abbott DATE: 3/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CARLSON, KATHRYN	1.1 TITLE: Pres.	NAME: SHIRLEY A. ABBOTT
STREET ADDRESS: 7190 N.W. 8TH COURT	CITY-ST-ZIP: MARGATE FL 33063	1.2 NAME: 7485 N.W. 7 PL.	1.3 STREET ADDRESS: MARGATE, FL 33063
TITLE: VPD	NAME: ABBOTT, SHIRLEY	2.1 TITLE: Vice Pres	2.2 NAME: PAT TORNILLO
STREET ADDRESS: 7485 N.W. 7TH PLACE	CITY-ST-ZIP: MARGATE FL 33063	2.3 STREET ADDRESS: 1530 MARGATE BLVD	2.4 CITY-ST-ZIP: MARGATE FL 33063
TITLE: COP	NAME: FARB, JOAN	3.1 TITLE: →	3.2 NAME: →
STREET ADDRESS: 7280 NW 8TH CT.	CITY-ST-ZIP: MARGATE FL 33063	3.3 STREET ADDRESS: →	3.4 CITY-ST-ZIP: →
TITLE: SDF	NAME: GELB, MURIEL	4.1 TITLE: →	4.2 NAME: →
STREET ADDRESS: 7280 NW 8TH ST	CITY-ST-ZIP: MARGATE FL	4.3 STREET ADDRESS: →	4.4 CITY-ST-ZIP: →
TITLE: TD	NAME: FADEN, BEATRICE	5.1 TITLE: →	5.2 NAME: →
STREET ADDRESS: 7185 NW 9TH COURT	CITY-ST-ZIP: MARGATE FL 33063	5.3 STREET ADDRESS: →	5.4 CITY-ST-ZIP: →
TITLE: →	NAME: →	6.1 TITLE: →	6.2 NAME: →
STREET ADDRESS: →	CITY-ST-ZIP: →	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)(l), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRICE FADEN 1/9/99 954-971-7418