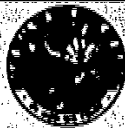


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -6 AM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745077 (8)

1. Corporation Name

PARADISE PARK CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

46900 BERMONT ROAD
PUNTA GORDA FL 33982

46900 BERMONT ROAD
PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1978** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-2076094** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDHAM, C. H. JR.
46900 BERMONT ROAD UNIT 29
PUNTA GORDA FL 33982

81 Name **Betty L. Zimmerman**
82 Street Address (P.O. Box Number is Not Acceptable) **46900 Bermont Rd./Unit 239**
83 **Punta Gorda, FL 33982**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Betty L. Zimmerman
Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when amending)

3/20/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
SD	STILFIELD, PATRICIA J	46900 BERMONT RD., #93	PUNTA GORDA FL	TD		SAME																					
VD	KUNTZ, DONALD	46900 BERMONT RD #215	PUNTA GORDA FL	PD		SAME																					
TD	OLDHAM, CHARLES H	46900 STATE RD 74 #29	PUNTA GORDA, FL 00000	VD		Slusser, Robert	46900 Bermont Rd./#106																				
D	ZIMMEMAN, BETTY	46900 BERMONT RD., #239	PUNTA GORDA FL	SD		Zimmerman, Betty																					
PD	COAN WILLIAM	46900 BERMONT ROAD #11	PUNTA GORDA FL	D		Frey, Charles	46900 Bermont Rd./#247																				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Betty L. Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95 (813) 639-2680
DATE Telephone Number