

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 745077 (8)

1. Corporation Name
PARADISE PARK CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**46900 BERMONT ROAD
PUNTA GORDA FL 33982**

Mailing Address
**46900 BERMONT ROAD
PUNTA GORDA FL 33982**

3. Date Incorporated or Qualified
11/28/1978

3a. Date of Last Report
04/06/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

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**

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

9. Name and Address of Current Registered Agent
**ZIMMERMAN, BETTY L
46900 BERMONT RD./UNIT 239
PUNTA GORDA FL 33982**

10. Name and Address of New Registered Agent
81 Name
Richardson, Robert
82 Street Address (P.O. Box Number is Not Acceptable)
46900 Bermont Rd/Unit 245
83
84 City
Punta Gorda FL 85 Zip Code
33982

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 **Robert D. Richardson** 4-10-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STILFIELD, PATRICIA J	
STREET ADDRESS	46900 BERMONT RD., #93	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KUNTZ, DONALD	
STREET ADDRESS	46900 BERMONT RD #215	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SLUSSER, ROBERT	
STREET ADDRESS	46900 BERMONT RD./#106	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, BETTY	
STREET ADDRESS	46900 BERMONT RD., #239	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREY, CHARLES	
STREET ADDRESS	46900 BERMONT RD./#247	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adams, Pearl E.	
1.3 STREET ADDRESS	46900 BERMONT RD./Unit 113	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33982	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frey, Charles	
2.3 STREET ADDRESS	46900 BERMONT RD./Unit 247	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33982	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD/SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richardson, Robert D.	
4.3 STREET ADDRESS	46900 BERMONT RD./Unit 245	
4.4 CITY-ST-ZIP	Punta Gorda, FL 33982	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ragland, Roy	
5.3 STREET ADDRESS	46900 BERMONT RD./Unit 40	
5.4 CITY-ST-ZIP	Punta Gorda, FL 33982	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Michaels, Dan	
6.3 STREET ADDRESS	46900 BERMONT RD/Unit 251	
6.4 CITY-ST-ZIP	Punta Gorda, FL 33982	

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 119.07(3)(K), 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: **Pearl E Adams Director/Treasurer** 4/15/96 941-639-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)