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May 05 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 # 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 33982-9561

3. Date Incorporated or Qualified
11/28/1978

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

RICHARDSON, ROBERT
46900 BERMONT RD UNIT 245
PUNTA GORDA FL 33982

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 TD DELETE
NAME STILFIELD, PATRICIA J
STREET ADDRESS 46900 BERMONT RD., #93
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE TD DELETE
NAME ADAMS, PEARL E
STREET ADDRESS 46900 BERMONT RD UNIT 113
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE VDSD DELETE
NAME RICHARDSON, ROBERT D
STREET ADDRESS 46900 BERMONT RD UNIT 245
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE D DELETE
NAME RAGLAND, ROY
STREET ADDRESS 46900 BERMONT RD UNIT 40
CITY-ST-ZIP PUNTA GORDA FL

4.1 TITLE Secretary/Director Change Addition
4.2 NAME Lenora Townes
4.3 STREET ADDRESS 46900 Bermont Rd/Unit 88
4.4 CITY-ST-ZIP Punta Gorda, FL 33982

TITLE D DELETE
NAME FREY, CHARLES
STREET ADDRESS 46900 BERMONT RD./#247
CITY-ST-ZIP PUNTA GORDA FL

5.1 TITLE Vice President/Director Change Addition
5.2 NAME Robert Slusser
5.3 STREET ADDRESS 46900 Bermont Rd/Unit 106
5.4 CITY-ST-ZIP Punta Gorda, FL 33982

TITLE D DELETE
NAME MICHAELS, DAN
STREET ADDRESS 46900 BERMONT RD UNIT 251
CITY-ST-ZIP PUNTA GORDA 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 *[Handwritten Signature]* 11-25-1997 (941) 575-2852

CR2E037 (9/96)