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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
11/28/1978

4. FEI Number 59-2076094	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No **N/A**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
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	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, PEARL E	1.2 NAME	
STREET ADDRESS	46900 BERMONT RD UNIT 113	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, ROBERT D	2.2 NAME	
STREET ADDRESS	46900 BERMONT RD UNIT 245	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNES, LENORA	3.2 NAME	Lilly King
STREET ADDRESS	46900 BERMONT RD UNIT 68	3.3 STREET ADDRESS	46900 Bermont Rd./Unit 68
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUSSER, ROBERT	4.2 NAME	
STREET ADDRESS	46900 BERMONT RD UNIT 106	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, DAN	5.2 NAME	Richard Crumrine
STREET ADDRESS	46900 BERMONT RD UNIT 251	5.3 STREET ADDRESS	46900 Bermont Rd./Unit 11
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert D. Richardson* **4-17-98** *941/699-2680*

CR2E037 (10/97)