

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90044 037 ****61.25

0071386

DOCUMENT # 745077

1. Entity 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

B0030764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2076094**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, WILLIAM R
46900 BERMONT RD UNIT 98
PUNTA GORDA FL 33982

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD GARNER, DONA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	46900 BERMONT RD. UNIT 18	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE NAME	PD WILLIAMS, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS	46900 BERMONT RD. UNIT 98	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE NAME	SD KING, LILLY	<input type="checkbox"/> Delete
STREET ADDRESS	46900 BERMONT RD/UNIT 68	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE NAME	VPD KIME, EDWARD L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	46900 BERMONT RD. UNIT 123	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE NAME	D JARRELL, GLENN J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	46900 BERMONT RD UNIT 172	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Adams, Pearl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	46900 Bermont Rd./Unit 113	
CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Jarrell, J. Glenn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	46900 Bermont Rd/Unit 172	
CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE NAME	Wells, Arleigh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	46900 Bermont Rd./Unit 229	
CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

/William R Williams

SIGNATURE: *William R Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/11/01** Daytime Phone # **941/639-2680**

CR2E037 (10/00)