

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90027 043 ****61.25

UBR4/19

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2076094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

TITLE NAME	TD ADAMS, PEARL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	46900 BERMONT RD UNIT 113 PUNTA GORDA FL 33982	
TITLE NAME	PD WILLIAMS, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	46900 BERMONT RD. UNIT 98 PUNTA GORDA FL 33982	
TITLE NAME	SD KING, LILLY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	46900 BERMONT RD/UNIT 68 PUNTA GORDA FL 33982	
TITLE NAME	VPD JARRELL, GLENN J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	46900 BERMONT RD UNIT 172 PUNTA GORDA FL 33982	
TITLE NAME	D WELLS, ARLEIGH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	46900 BERMONT RD UNIT 229 PUNTA GORDA FL 33982	
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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.

SIGNATURE: *Pearl Adams* **PEARL ADAMS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

(941) 639-2680

Daytime Phone #

CR2E037 (9/01)