
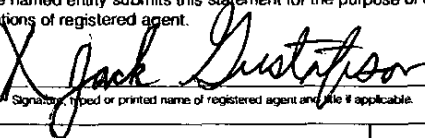
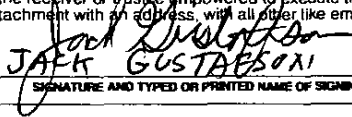


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90088 017 ****61.25

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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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
J. GLENN JARRELL 46900 BERMONT RD UNIT 172 PUNTA GORDA, FL 33982				Name JACK GUSTAFSON Street Address (P.O. Box Number is Not Acceptable) 46900 Bermont Rd Unit 214 City Punta Gorda FL Zip Code 33982	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 4/10/04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADAMS, PEARL	NAME	Gustafson, Jack		
STREET ADDRESS	46900 BERMONT RD UNIT 113	STREET ADDRESS	46900 Bermont Rd. Unit 214		
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	Punta Gorda, FL 33982 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE			
NAME	SNYDER, KENNETH	NAME			
STREET ADDRESS	46900 BERMONT RD. UNIT 218	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE			
NAME	KING, LILLY	NAME			
STREET ADDRESS	46900 BERMONT RD/UNIT 68	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JARRELL, GLENN J	NAME	Jerrell, Glenn J.		
STREET ADDRESS	46900 BERMONT RD UNIT 172	STREET ADDRESS	46900 Bermont Rd. Unit 172		
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	Punta Gorda, FL. 33982 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	BURNS, WEYLAND	NAME			
STREET ADDRESS	46900 BERMONT RD. UNIT 83	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 				DATE 4/10/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	