

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745077

FILED
Feb 19, 2005
Secretary of State

Entity Name: PARADISE PARK CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

46900 BERMONT ROAD
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

46900 BERMONT ROAD
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 59-2076094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSTAFSON, JACK
46900 BERMONT RD UNIT 214
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ADAMS, PEARL
Address: 46900 BERMONT RD UNIT 113
City-St-Zip: PUNTA GORDA, FL 33982

Title: VPD () Delete
Name: GUSTAFSON, JACK
Address: 46900 BERMONT RD., UNIT 214
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD () Delete
Name: KING, LILLY
Address: 46900 BERMONT RD/UNIT 68
City-St-Zip: PUNTA GORDA, FL 33982

Title: PD () Delete
Name: JARRELL, GLENN J
Address: 46900 BERMONT RD UNIT 172
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: BURNS, WEYLAND
Address: 46900 BERMONT RD. UNIT 83
City-St-Zip: PUNTA GORDA, FL 33982

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCALL, ALLEN
Address: 46900 BERMONT RD. UNIT 160
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Change (X) Addition
Name: LOIS, WHITE
Address: 46900 BERMONT RD UNIT 172
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEARL ADAMS

TD

02/19/2005

Electronic Signature of Signing Officer or Director

_____ Date