

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90784 005 \*\*\*\*61.25

**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**

10000000

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

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

**J. Glenn Jarrell**

Street Address (P.O. Box Number is Not Acceptable)

**46900 Bermont Rd. Unit 172**

City

**PUNTA Gorda, FL 33982**

**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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Kenneth Snyder 46900 Bermont Rd. Unit 218 Punta Gorda, FL 33982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Weyland Burns 46900 Bermont Rd. unit 83 Punta Gorda, FL 33982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*J. Glenn Jarrell*  
**SIGNATURE REQUIRED**

3/7/03

CFR2037 (10/02)