

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 746387 (0)
1. Corporation Name
PARADISE ISLAND TOWERS CONDOMINIUM ASSOCIATION, INC.Principal Place of Business
10033 9 ST NORTH
FLR 2
ST. PETERSBURG FL 33716
USMailing Address
10033 9 ST NORTH
FLR 2
ST. PETERSBURG FL 33716
US3. Date Incorporated or Qualified
03/22/19793a. Date of Last Report
05/01/19964. FEI Number
59-2041514Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMPART PROPERTIES INC
10033 9TH STREET N., 2ND FLOOR
ST. PETERSBURG FL 33716

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ADAMS, JOHN
STREET ADDRESS 10355 PARADISE BLVD., #705
CITY-ST-ZIP TREASURE ISLAND FL 33708 ☒ DELETETITLE VPD
NAME BRUMMER, HELEN
STREET ADDRESS 10355 PARADISE BLVD., #1008
CITY-ST-ZIP TREASURE ISLAND FL 33708 ☐ DELETETITLE SD
NAME SNYDER, ANN
STREET ADDRESS 10355 PARADISE BLVD. #508
CITY-ST-ZIP TREASURE ISLAND FL 33708 ☐ DELETETITLE T
NAME FINCHAM, KEN
STREET ADDRESS 10355 PARADISE BLVD. #308
CITY-ST-ZIP TREASURE ISLAND FL 33708 ☐ DELETETITLE D
NAME COOMER, WYNN
STREET ADDRESS 10355 PARADISE BLVD. #802
CITY-ST-ZIP TREASURE ISLAND FL 33708 ☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE1.1 TITLE Willis, Carole VP ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 10033 9th St N Flr 2
1.4 CITY-ST-ZIP St Pete, FL 337162.1 TITLE S ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10033 9th St N Flr 2
2.4 CITY-ST-ZIP St Pete, FL 337163.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 10033 9th St N Flr 2
3.4 CITY-ST-ZIP St Pete, FL 337164.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 10033 9th St N Flr 2
4.4 CITY-ST-ZIP St Pete, FL 337165.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Richardson, Herb
5.3 STREET ADDRESS 10033 9th St N Flr 2
5.4 CITY-ST-ZIP St Pete FL 337166.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann S. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 772-0263

CR2E037 (9/96)