

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1998 8:00 am**  
**Secretary of State**

**DOCUMENT # 746387 (0)**

1. Corporation Name

**PARADISE ISLAND TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**10033 9 ST NORTH  
FLR 2  
ST. PETERSBURG FL 33716  
US**

**10033 9 ST NORTH  
FLR 2  
ST. PETERSBURG FL 33716  
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**03/22/1979**

4. FEI Number

**59-2041514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE **VP** ☐ DELETE  
NAME **WILLIS, CAROLE**  
STREET ADDRESS **10033 9TH ST N.**  
CITY-ST-ZIP **ST. PETE FL**

TITLE **S** ☒ DELETE  
NAME **BRUMMER, HELEN**  
STREET ADDRESS **10033 9TH ST N.**  
CITY-ST-ZIP **ST. PETE FL**

TITLE **PD** ☐ DELETE  
NAME **SNYDER, ANN**  
STREET ADDRESS **10033 9TH ST N.**  
CITY-ST-ZIP **ST. PETE FL**

TITLE **T** ☐ DELETE  
NAME **FINCHAM, KEN**  
STREET ADDRESS **10033 9TH ST N**  
CITY-ST-ZIP **ST. PETE FL**

TITLE **D** ☐ DELETE  
NAME **RICHARDSON, HERB**  
STREET ADDRESS **10033 9TH ST N**  
CITY-ST-ZIP **ST PETE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **S JAEGER, MARVA**  
2.3 STREET ADDRESS **10033 9TH ST N.**  
2.4 CITY-ST-ZIP **ST. PETE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 Snyder** **ANN SNYDER**

**February 9, 1998** **813**  
**360-9594**

CR2E037 (10/97)