

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749237 (4)

1. Corporation Name

TOWN HOMES OF PARADISE PARK, FIRST ADDITION, OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
335-60 PARADISE BLVD P O BOX 003023 INDIALANTIC FL 32903 US	P O BOX 003023 P O BOX 003023 INDIALANTIC FL 32903 US

3. Date Incorporated or Qualified 10/09/1979	3a. Date of Last Report 06/21/1995
4. FEI Number 59-2147920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LAIRD, DONALD  
335-60 PARADISE BLVD.  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name Sally A. Granholm  
82 Street Address (P.O. Box Number is Not Acceptable) 335-51 Paradise Blvd.  
83  
84 City Indialantic FL 85 Zip Code 32903

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 Sally A. Granholm Sally A. Granholm 2/12/96  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLADAY, DAVID	
STREET ADDRESS	335-51 PARADISE BLVD.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIRTS, CYNTHIA	
STREET ADDRESS	335 - 69 PARADISE BLVD.	
CITY-ST-ZIP	INDIALANTIC, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LAIRD, DONALD	
STREET ADDRESS	335-60 PARADISE BLVD.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, SUE	
STREET ADDRESS	335-49 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOYE, BRENDA	
STREET ADDRESS	335-75 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VPD
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	TD Sally A. Granholm
63 STREET ADDRESS	335-51 Paradise Blvd.
64 CITY-ST-ZIP	Indialantic, FL 32903

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sally A. Granholm 2/12/96 407-773-6393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)