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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

335-80 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
02/15/1996

2. Principal Place of Business
21 335 Paradise Blvd.

2a. Mailing Address
26 P.O. Box 033023

4. FEI Number
59-2147920
Applied For Not Applicable

Suite, Apt. #, etc.
22 P.O. Box 033023

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution
5.00 May Be Added to Fees

Zip
24

Country
29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANHOLM, SALLY A
335-51 PARADISE BLVD
INDIALANTIC FL 32903

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 HOLADAY, DAVID
STREET ADDRESS 335-51 PARADISE BLVD.
CITY-ST-ZIP INDIALANTIC FL

1.1 TITLE PD
1.2 NAME
1.3 STREET ADDRESS Kit Fountain
1.4 CITY-ST-ZIP 335 Paradise Blvd. # 70
Indialantic, FL 32903

TITLE SD
NAME KIRTS, CYNTHIA
STREET ADDRESS 335 - 69 PARADISE BLVD.
CITY-ST-ZIP INDIALANTIC, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME GRANHOLM, SALLY A
STREET ADDRESS 335-51 PARADISE BLVD
CITY-ST-ZIP INDIALANTIC FL

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

TITLE VPD
NAME MOYE, BRENDA
STREET ADDRESS 335-75 PARADISE BLVD
CITY-ST-ZIP INDIALANTIC FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: Sally A. Granholm

5-19-97 407-773-6393

CR2E037 (9/96)