

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 # **750930** (0)

1. Corporation Name
PARADISE BY THE SEA ASSOCIATION, INC.



Principal Place of Business
**300 LAYNE BLVD
HALLANDALE FL 33009**

Mailing Address
**300 LAYNE BLVD
HALLANDALE FL 33009**

3. Date Incorporated or Qualified **02/04/1980**
3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2010918	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GENE PICARDI XXXXXXXXXXXX 300 LAYNE BLVD. 203 HALLANDALE FL 33009				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 617.0303, Florida Statutes.

SIGNATURE: *Gene Picardi* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	XXXX CHARLES CASALINO	11 TITLE	SEC.				
STREET ADDRESS	XXXXXXXXXX 300 LAYNE BLVD. #105	12 NAME	MICHAEL LABELLA				
CITY-ST-ZIP	HALLANDALE FL	13 STREET ADDRESS	300 LAYNE BLVD. #316	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	HALL				
NAME	PICARDI, GENE PRESIDENT	2.1 TITLE	PHYLISS DORONY TREASURER				
STREET ADDRESS	300 LAYNE BLVD. #116	2.2 NAME	250 LAYNE BLVD. #216				
CITY-ST-ZIP	HALLANDALE FL	2.3 STREET ADDRESS	HALLANDALE, FLA.				
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP					
NAME	VP RAPAPORTE, HYE	3.1 TITLE	NOVICA STANCIC				
STREET ADDRESS	300 LAYNE BLVD #204	3.2 NAME	270 LAYNE BLVD. #310				
CITY-ST-ZIP	HALLANDALE FL	3.3 STREET ADDRESS	HALLANDALE, FLA.				
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP					
NAME	AL PAGANUZZI	4.1 TITLE					
STREET ADDRESS	XXXXXXXXXX 300 LAYNE BLVD. #218	4.2 NAME					
CITY-ST-ZIP	HALLANDALE FL	4.3 STREET ADDRESS					
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP					
NAME	D ZITA, JUDY	5.1 TITLE	0000017774	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
STREET ADDRESS	300 LAYNE BLVD. #104	5.2 NAME	-04/11/96--01103--051				
CITY-ST-ZIP	HALLANDALE FL	5.3 STREET ADDRESS	***\$61.25				
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP					
NAME	D OLCINO, DAVID	6.1 TITLE					
STREET ADDRESS	300 LAYNE BLVD. #311	6.2 NAME					
CITY-ST-ZIP	HALLANDALE FL	6.3 STREET ADDRESS					
		6.4 CITY-ST-ZIP					

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 included 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 Section 617, Florida Statutes; and that my name appears in Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE: *Gene Picardi* DATE: **2/12/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)