

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750930 (0)**

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



Principal Place of Business <b>300 LAYNE BLVD HALLANDALE FL 33009</b>	Mailing Address <b>300 LAYNE BLVD HALLANDALE FL 33009</b>
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3. Date Incorporated or Qualified  
**02/04/1980**

4. FEI Number  
**59-2010918**

Applied For	
Not Applicable	

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

9. Name and Address of Current Registered Agent

**BRUSKIN, MARVIN  
300 LAYNE BLVD.  
203  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name **GANGUZZA ANTHONY**

82 Street Address (P.O. Box Numbers Not Acceptable)  
**250 LAYNE BLVD.**

83 **205**

84 City **HALLANDALE** FL 85 Zip Code **33009**

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 *Anthony Ganguzza* (NOTE: Registered Agent signature required when reinstating) DATE *JAN 20 1998*

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BRUSKIN, MARVIN	
STREET ADDRESS	300 LAYNE BLVD. #203	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	ST	<input type="checkbox"/>
NAME	PICARDI, LOIS	
STREET ADDRESS	300 LAYNE BLVD. #116	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input type="checkbox"/>
NAME	RAPAPORTE, HYE	
STREET ADDRESS	300 LAYNE BLVD #204	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/>
NAME	HOBERMAN, LILLIAN	
STREET ADDRESS	300 LAYNE BLVD. #215	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	ZITA, JUDY	
STREET ADDRESS	300 LAYNE BLVD. #104	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	OLCINO, DAVID	
STREET ADDRESS	300 LAYNE BLVD. #311	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	GANGUZZA ANTHONY		
1.3 STREET ADDRESS	250 LAYNE BLVD #212		
1.4 CITY-ST-ZIP	HALLANDALE FL. 33009		
2.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ALBERT PANGANUZZI		
2.3 STREET ADDRESS	92C WHITEBIRCH LANE		
2.4 CITY-ST-ZIP	WANTERSH-HY 11793		
3.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	WRIGHT, TERRY		
3.3 STREET ADDRESS	250 LAYNE BLVD #211		
3.4 CITY-ST-ZIP	HALLANDALE FL.		
4.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	JACOBS HARVEY		
4.3 STREET ADDRESS	270 LAYNE BLVD #315		
4.4 CITY-ST-ZIP	HALLANDALE FL.		
5.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	RAPAPORTE, HYE		
5.3 STREET ADDRESS	300 LAYNE BLVD #204		
5.4 CITY-ST-ZIP	HALLANDALE FL.		
6.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	ZITA, JUDY		
6.3 STREET ADDRESS	300 LAYNE BLVD #104		
6.4 CITY-ST-ZIP	HALLANDALE, FL.		

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 as an attachment with an address.

SIGNATURE *Anthony Ganguzza* RECORDED *JAN. 20 1998*

CR2E037 (10/97)