


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90188 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755258

1. Corporation Name
PARADOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR #206 NAPLES FL 33940	Mailing Address C/O SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR #206 NAPLES FL 34103 US
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2. Principal Place of Business 21 90 Robert Hall + Assoc. Inc.	2a. Mailing Address 26 1100 FIFTH AVENUE South	3. Date Incorporated or Qualified 11/24/1980
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201	4. FEI Number 59-2169329
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34102	Country 25 COLLIER	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 34102	Country 30 COLLIER	

9. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR #206 NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name Robert Hall & Associates, Inc 82 Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVE South 83 Suite 201 84 City NAPLES FL 85 Zip Code 34102
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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 Robert M. Hall ROBERT M. HALL DATE 5/14/99

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLER, PATRICIA		1.2 NAME	
STREET ADDRESS 1200 GULF SHORE BLVD #201		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 00000		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAHN, SIDNEY		2.2 NAME	
STREET ADDRESS 1200 GULF SHORE BLVD NORTH, #104		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34102		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAPPEN, JOHN		3.2 NAME MINISTER, MILDRED	
STREET ADDRESS 1200 GULF SHORE BLVD. N. #102		3.3 STREET ADDRESS 1200 Gulfshore Blvd #103	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP NAPLES, FL. 34102	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGN **PLEASE SIGN** Patricia Waller AUREN PATRICIA WALLER, PRES. DATE 4/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)