

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90078 020 ****61.25

DOCUMENT # 755258

1. Entity Name

PARADOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1100 FIFTH AVE SO
201
NAPLES FL 34102

Mailing Address

1100 FIFTH AVENUE SOUTH
201
NAPLES FL 34102
US

2. Principal Place of Business

4100 CORPORATE SQUARE

3. Mailing Address

4100 CORPORATE SQUARE

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

#105

City & State

NAPLES, FL

City & State

Naples, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

59-2169329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBER HALL & ASSOCIATES
1100 FIFTH AVE SOUTH
201
NAPLES FL 34102

Name and Address of New Registered Agent

Anchor Associates, INC
4100 CORPORATE SQUARE
#105
NAPLES, FL FL 34104

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Shirley Hingston, VP, Shirley Hingston

4-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME KAHN, SIDNEY ☐ Delete
STREET ADDRESS 1200 GULF SHORE BLVD NORTH, #104
CITY-ST-ZIP NAPLES FL 34102

TITLE TD
NAME CHINN, PHILIP ☒ Delete
STREET ADDRESS 1200 GULF SHORE BLVD 303
CITY-ST-ZIP NAPLES FL 34102

TITLE VD
NAME MOOTS, MARK ☐ Delete
STREET ADDRESS 1200 GULF SHORE BLVD
CITY-ST-ZIP NAPLES FL 34102

TITLE PD
NAME SAMPSON, THOMAS ☐ Delete
STREET ADDRESS 1200 GULF SHORE BLVD #402
CITY-ST-ZIP NAPLES FL 34102

TITLE ~~LESLIE WALLER~~ ☐ Delete
NAME ~~LESLIE WALLER~~
STREET ADDRESS ~~1200 GULF~~
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME JACK LAPPEN
STREET ADDRESS 1200 GULF SHORE BLVD
CITY-ST-ZIP Naples, FL 34102

TITLE D ☐ Change ☒ Addition
NAME LESLIE WALLER
STREET ADDRESS 1200 GULF SHORE BLVD
CITY-ST-ZIP Naples, FL 34102

12. 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 report & supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13-2002

Date

Daytime Phone #

CR2E037 (9/01)