

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90453 030 ****61.25

DOCUMENT # 755258

1. Entity Name

PARADOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

ANCHOR ASSOCIATES, INC.
4100 CORP. SQ. #105
NAPLES FL 34104

Mailing Address

ANCHOR ASSOCIATES, INC.
4100 CORP. SQ. #105
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

ANCHOR ASSOCIATES, INC.
4100 CORP. SQ.
#105
NAPLES FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME KAHN, SIDNEY
STREET ADDRESS 1200 GULFSHORE BLVD
CITY-ST-ZIP NAPLES FL 34102

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

TITLE DP ☒ Delete
NAME LAPPEN, JACK
STREET ADDRESS 1200 GULFSHORE BLVD
CITY-ST-ZIP NAPLES FL 34102

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

TITLE DT ☐ Delete
NAME SCHILLING, TOM
STREET ADDRESS 1200 GULFSHORE BLVD
CITY-ST-ZIP NAPLES FL 34102

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

TITLE DS ☐ Delete
NAME LOUISE KRONE, MARY
STREET ADDRESS 1200 GULFSHORE BLVD
CITY-ST-ZIP NAPLES FL 34102

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

TITLE DV ☐ Delete
NAME WALLER, LESLIE
STREET ADDRESS 1200 GULFSHORE BLVD
CITY-ST-ZIP NAPLES FL 34102

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

TITLE ☐ Delete
NAME Eric Kimsey
STREET ADDRESS 1200 Gulfshore Blvd
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Change ☒ Addition
NAME Eric Kimsey
STREET ADDRESS 1200 Gulfshore 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 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or 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:

Shirley Hingson Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04
Date

239-649-6357 x201
Daytime Phone #