

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/5.

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91803 003 \*\*\*\*61.25

DOCUMENT # 755258 4  
1. Entity Name PARADOL Condominium Assn, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Anchor Associates, Inc  
Suite, Apt. #, etc. 4100 Corporate Sq #105  
City & State NAPLES FL  
Zip 34104 Country USA

3. Mailing Address  
c/o Anchor Associates, Inc  
Suite, Apt. #, etc. 4100 CORPORATE SQ #105  
City & State NAPLES FL 34104  
Zip 34104 Country USA

**55049113**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2169329  
65-0083472  
Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Anchor Associates, Inc  
Street Address (P.O. Box Number is Not Acceptable)  
4100 Corporate Square #105  
City NAPLES FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

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

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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**

TITLE	DP
NAME	JACK LAPPEN
STREET ADDRESS	1200 Gulfshore Blvd
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	DV
NAME	LESLIE WALLER
STREET ADDRESS	1200 Gulfshore Blvd
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	Sidney Kahn
STREET ADDRESS	1200 Gulfshore Blvd
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	DT
NAME	TOM SCHILLING
STREET ADDRESS	1200 Gulfshore Blvd
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	DS
NAME	MARY LOUISE KROME
STREET ADDRESS	1200 Gulfshore Blvd
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Hingston

4-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)