FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12714 (4)

1. Corporation Name
PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PAT NIEHAUS 2201 US 41 S. LOT 80 RUSKIN FL 33570	% PAT NIEHAUS 2201 US 41 S. LOT 80 RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1985
3a. Date of Last Report: 01/26/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

NIEHAUS, PATRICA
2201 U.S. 41 SOUTH
LOT 80
RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	SINGLETON, JAMES	12 NAME	RICE, NOEL H.	
STREET ADDRESS	2201 US 41 S #79	13 STREET ADDRESS	2201 US-41 South #63	
CITY-ST-ZIP	RUSKIN FL	14 CITY-ST-ZIP	Ruskin, Fl 33570	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	BREHM, RALPH	22 NAME	NUTAITUS, JOSEPH	
STREET ADDRESS	2201 U.S. 41 S. #69	23 STREET ADDRESS	2201 US-41 South #55	
CITY-ST-ZIP	RUSKIN FL	24 CITY-ST-ZIP	Ruskin, Fl 33570	
TITLE	S	31 TITLE	D/.	☒ Change ☐ Addition
NAME	HERGERT, CATHERINE (KAYE)	32 NAME	RICE, GAIL H.	
STREET ADDRESS	2201 UW 41 S #102	33 STREET ADDRESS	2201 US-41 South #63	
CITY ST ZIP	RUSKIN FL	34 CITY ST ZIP	Ruskin, Fl 33570	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	ZIELINSKI, OLLIE	42 NAME	WEAVER, BETTY	
STREET ADDRESS	2201 US 41 S. #74	43 STREET ADDRESS	2201 US-41 South # 64	
CITY-ST-ZIP	RUSKIN FL	44 CITY-ST ZIP	Ruskin, Fl 33570	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	NIEHAUS, PATRICA	52 NAME		
STREET ADDRESS	2201 US 41 S #80	53 STREET ADDRESS		
CITY ST ZIP	RUSKIN FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	S/T	☒ Change ☐ Addition
NAME	WALSON, MALCOHM	62 NAME	SINIFF, DONNA	
STREET ADDRESS	2201 U.S. 41 S #29	63 STREET ADDRESS	2201 US-41 South # 65	
CITY-ST ZIP	RUSKIN FL	64 CITY ST ZIP	Ruskin, Fl 33570	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Noel H. Rice — 3-8-95 — (813) 641-9149
NOEL H. RICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052870