

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N12714 (4)**  
1. Corporation Name  
**PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.**



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

Mailing Address  
**% PAT NIEHAUS  
2201 US 41 S. LOT 80  
RUSKIN FL 33570**

3. Date Incorporated or Qualified **12/23/1985** 3a. Date of Last Report **03/15/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, NOEL H.</b>	1.2 NAME	<b>Jim Singleton</b>
STREET ADDRESS	<b>2201 US-41 S #63</b>	1.3 STREET ADDRESS	<b>L 16 CT GENERAL DELIVERY</b>
CITY-ST-ZIP	<b>RUSKIN FL</b>	1.4 CITY-ST-ZIP	<b>BONFIECE, ONT. POH IEO</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>J.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUTAITUS, JOSEPH</b>	2.2 NAME	<b>RALPH BREHM</b>
STREET ADDRESS	<b>2201 US-41 S #55</b>	2.3 STREET ADDRESS	<b>2311 OREGON RD</b>
CITY-ST-ZIP	<b>RUSKIN FL</b>	2.4 CITY-ST-ZIP	<b>CELINA OHIO 45822</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, GAIL M.</b>	3.2 NAME	<b>MARVIN ROON</b>
STREET ADDRESS	<b>2201 US-41 S #63</b>	3.3 STREET ADDRESS	<b>2201 US 41 S LOT 62</b>
CITY-ST-ZIP	<b>RUSKIN FL</b>	3.4 CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, BETTY</b>	4.2 NAME	<b>ARLENE GOODWIN</b>
STREET ADDRESS	<b>2201 US-41 S #64</b>	4.3 STREET ADDRESS	<b>2201 US 41 S. LOT 53</b>
CITY-ST-ZIP	<b>RUSKIN FL</b>	4.4 CITY-ST-ZIP	<b>RUSKIN, FL. 33570</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIEHAUS, PATRICA</b>	5.2 NAME	<b>BONNIE BARNA</b>
STREET ADDRESS	<b>2201 US 41 S #80</b>	5.3 STREET ADDRESS	<b>RRE Box 221</b>
CITY-ST-ZIP	<b>RUSKIN FL</b>	5.4 CITY-ST-ZIP	<b>So. WHITLEY, IND. 46787</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <small>Sec 179A</small>	<b>Cathryn Hergert (Bay)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINIIF, DONNA</b>	6.2 NAME	<b>3201 U.S 41 S. Lot 100</b>
STREET ADDRESS	<b>2201 US-41 S #65</b>	6.3 STREET ADDRESS	<b>Ruskin, Fl.</b>
CITY-ST-ZIP	<b>RUSKIN FL</b>	6.4 CITY-ST-ZIP	<b>33570</b>

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)(k), 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: *Donna Siniff* 1-30-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)