

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N12714 (4)**

1. Corporation Name  
**PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>% PAT NIEHAUS<br/>2201 US 41 S. LOT 80<br/>RUSKIN FL 33570</b> | Mailing Address<br><b>% PAT NIEHAUS<br/>2201 US 41 S. LOT 80<br/>RUSKIN FL 33570-5305</b> |
|--|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/23/1985</b>  | 3a. Date of Last Report<br><b>02/07/1996</b>   |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  | Applied For<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

**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**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> 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**

|   |                                   |  |
|---|-----------------------------------|--|
| TITLE<br><b>P</b>                               | NAME<br><b>SINGLETON, JIM</b>     | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>L16C7 GENERAL DELIVERY</b> |                                   |  |
| CITY-ST-ZIP<br><b>BONFIECE ON</b>               |                                   |  |
| TITLE<br><b>VP</b>                              | NAME<br><b>BREHM, RALPH</b>       | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>2311 OREGON ROAD</b>       |                                   |  |
| CITY-ST-ZIP<br><b>CELINA OH</b>                 |                                   |  |
| TITLE<br><b>D</b>                               | NAME<br><b>ROON, MARVIN</b>       | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>2201 US 41 S LOT 62</b>    |                                   |  |
| CITY-ST-ZIP<br><b>RUSKIN FL</b>                 |                                   |  |
| TITLE<br><b>D</b>                               | NAME<br><b>GOODWIN, ARLENE</b>    | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>2201 US 41 S LOT 53</b>    |                                   |  |
| CITY-ST-ZIP<br><b>RUSKIN FL</b>                 |                                   |  |
| TITLE<br><b>D</b>                               | NAME<br><b>BARNA, BONNIE</b>      | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>RRE BOX 221</b>            |                                   |  |
| CITY-ST-ZIP<br><b>S. WHITLEY IN</b>             |                                   |  |
| TITLE<br><b>ST</b>                              | NAME<br><b>HERGEST, CATHERINE</b> | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>2201 US 41 S LOT 100</b>   |                                   |  |
| CITY-ST-ZIP<br><b>RUSKIN FL</b>                 |                                   |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|   |  |
|---|--|
| 1.1 TITLE<br><b>P</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME<br><b>GOODWIN ARLENE</b>                 |  |
| 1.3 STREET ADDRESS<br><b>2201 US 41 S LOT 53</b>  |  |
| 1.4 CITY-ST-ZIP<br><b>RUSKIN FL</b>               |  |
| 2.1 TITLE<br><b>SEC.</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>MARIE KOPPLE</b>                   |  |
| 2.3 STREET ADDRESS<br><b>2201 US 41 S LOT 72</b>  |  |
| 2.4 CITY-ST-ZIP<br><b>RUSKIN FL</b>               |  |
| 3.1 TITLE<br><b>D</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME<br><b>DANNA SINIFF</b>                   |  |
| 3.3 STREET ADDRESS<br><b>2201 US 41 S LOT 6</b>   |  |
| 3.4 CITY-ST-ZIP<br><b>RUSKIN FL.</b>              |  |
| 4.1 TITLE<br><b>D</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME<br><b>ANDERS RAY</b>                     |  |
| 4.3 STREET ADDRESS<br><b>2201 US 41 S LOT 22</b>  |  |
| 4.4 CITY-ST-ZIP<br><b>RUSKIN FL.</b>              |  |
| 5.1 TITLE<br><b>D</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME<br><b>WEST WILBER</b>                    |  |
| 5.3 STREET ADDRESS<br><b>2201 US 41 S LOT 5</b>   |  |
| 5.4 CITY-ST-ZIP<br><b>RUSKIN FL</b>               |  |
| 6.1 TITLE<br><b>TREASURER</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME<br><b>CATHERINE HERBERT</b>              |  |
| 6.3 STREET ADDRESS<br><b>2201 US 41 S LOT 100</b> |  |
| 6.4 CITY-ST-ZIP<br><b>RUSKIN FL.</b>              |  |

14. I do 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 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 *Catherine Herbert* **CATHERINE HERBERT (KAYE)**

CR2E037 (9/96)