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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12714

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NIEHAUS, PATRICA 2201 U.S. 41 SOUTH LOT 80 RUSKIN FL 33570				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	SEC <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODWIN, ARLEEN	1.2 NAME	DONNA SINIFF
STREET ADDRESS	2201 US 41 S., LOT 53	1.3 STREET ADDRESS	2201 US 41 S LOT 9
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	RUSKIN FL 33570
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOPPLE, MARIE	2.2 NAME	DON SMITH
STREET ADDRESS	2001 US 41 S., LOT 72	2.3 STREET ADDRESS	2201 US 41 S LOT 38
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	RUSKIN FL 33570
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	HOWARD PLATT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROON, MARVIN	3.2 NAME	
STREET ADDRESS	2201 US 41 S., LOT 6	3.3 STREET ADDRESS	2201 US 41 S LOT 23
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP	RUSKIN FL 33570
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	ANDERS, RAY	4.2 NAME	
STREET ADDRESS	2201 US 41 S., LOT 22	4.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WEST, WILBER	5.2 NAME	
STREET ADDRESS	2201 US 41 S., LOT 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ANGELHOFF, JOHN	6.2 NAME	
STREET ADDRESS	2201 U. S. 41 S LOT 64	6.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Donna Siniff* SIGNATURE REQUIRED: *DONNA SINIFF VP. 4-1-99 813-641-0000*

CR2E037 (11/98)