

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 # **N14169 (9)**

1. Corporation Name

TOWN HOMES OF PARADISE PARK OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

255 PARADISE BOULEVARD, #15
BOX 033871
INDIALANTIC FL 32903-7871

255 PARADISE BOULEVARD, #15
BOX 033871
INDIALANTIC FL 32903-7871

3. Date Incorporated or Qualified **04/03/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 255 Paradise Blvd. 2a. Mailing Address
26 255 Paradise Blvd.

4. FEI Number **59-2069765** Applied For
Not Applicable

Suite, Apt. #, etc.
22 P.O. Box 033871 27 P.O. Box 033871

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

City & State
23 Indialantic, FL 28 Indialantic, FL 32903

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 32903-7871 25 Country 29 32903-7871 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONWAY, RANDALL
255 E PARADIS BLVD 46
255 PARADISE BLVD 8
INDIALANTIC FL 32903

81 Name **Randall Conway**
82 Street Address (P.O. Box Number is Not Acceptable)
255 Paradise Blvd.
83 **Unit 8**
84 City **Indialantic** FL 85 Zip Code **32903**

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 **Randall Conway**

Randall Conway

2-19-96

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when relating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKEL, JOHN	1.2 NAME	
STREET ADDRESS	255 E PARADISE BLVD #26	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BOB	2.2 NAME	Huffmire, Barbara
STREET ADDRESS	255 E. PARDISE BLVD #15	2.3 STREET ADDRESS	255 Paradise Blvd. #18
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDI, CONWAY	3.2 NAME	Conway, Cindy
STREET ADDRESS	255 E. PARDISE BLVD #48	3.3 STREET ADDRESS	255 Paradise Blvd. #8
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, RANDY	4.2 NAME	
STREET ADDRESS	255 E. PARDISE BLVD #8	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYARS, JIM	5.2 NAME	Huffmire, Edgar
STREET ADDRESS	698 JACKSON COURT	5.3 STREET ADDRESS	255 Paradise Blvd. #18
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, DAVID	6.2 NAME	Smith, Alberta
STREET ADDRESS	255 E. PARDISE BLVE #46	6.3 STREET ADDRESS	255 Paradise Blvd. #24
CITY-ST-ZIP	INDIALANTIC FL	6.4 CITY-ST-ZIP	Indialantic, FL 32903

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy P. Conway

2-19-96

DATE

407 777-6481

DAYTIME PHONE #

CR2E037 (12/95)