

**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

2a. Mailing Address

21 255 Paradise Blvd.

26 255 Paradise Blvd.

4. FEI Number

59-2069765

Applied For

Not Applicable

Suite, Apt. #, etc.

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

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

Zip

Country

24 32903-7871

25

29 32903-7871

30

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

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

*Randall Conway*

NOTE: Registered Agent signature required when relating

2-19-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KUNKEL, JOHN	
STREET ADDRESS	255 E PARADISE BLVD #26	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BOB	
STREET ADDRESS	255 E. PARDISE BLVD #15	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CINDI, CONWAY	
STREET ADDRESS	255 E. PARDISE BLVD #48	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONWAY, RANDY	
STREET ADDRESS	255 E. PARDISE BLVD #8	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BYARS, JIM	
STREET ADDRESS	698 JACKSON COURT	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, DAVID	
STREET ADDRESS	255 E. PARDISE BLVE #46	
CITY - ST - ZIP	INDIALANTIC FL	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Huffmire, Barbara	
2.3 STREET ADDRESS	255 Paradise Blvd. #18	
2.4 CITY - ST - ZIP	Indialantic, FL 32903	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Conway, Cindy	
3.3 STREET ADDRESS	255 Paradise Blvd. #8	
3.4 CITY - ST - ZIP	Indialantic, FL 32903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Huffmire, Edgar	
5.3 STREET ADDRESS	255 Paradise Blvd. #18	
5.4 CITY - ST - ZIP	Indialantic, FL 32903	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Smith, Alberta	
6.3 STREET ADDRESS	255 Paradise Blvd. #24	
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)