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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N14169

1. Corporation Name

TOWN HOMES OF PARADISE PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

255 PARADISE BLVD
PO BOX 033871
INDIALANTIC FL 32903-7871
US

Mailing Address

255 PARADISE BLVD
PO BOX 033871
INDIALANTIC FL 32903-7871
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/03/1986

4. FEI Number

59-2069765

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

9. Name and Address of Current Registered Agent

CONWAY, RANDALL
255 E PARADISE BLVD #8
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name **RANDALL CONWAY**
82 Street Address (P.O. Box Number is Not Acceptable) **255 PARADISE BLVD #8**
83
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* **PRESIDENT**

3-16-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	HUFFMIRE, BARBARA	
STREET ADDRESS	255 PARADISE BLVD #18	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, CINDY	
STREET ADDRESS	255 PARADISE BLVD #8	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONWAY, RANDY	
STREET ADDRESS	255 E. PARADISE BLVD #8	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUFFMIRE, EDGAR	
STREET ADDRESS	255 PARADISE BLVD #18	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUFF, SUSAN	
STREET ADDRESS	255 PARADISE BLVD., #47	
CITY-ST-ZIP	INDIALANTIC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STEPHANIE GAIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	255 E PARADISE BLVD #19	
1.3 STREET ADDRESS	INDIALANTIC, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	SD Kim Kemp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	255 PARADISE BLVD #9	
2.3 STREET ADDRESS	INDIALANTIC, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD LAWRENCE GAIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	255 PARADISE BLVD #19	
3.3 STREET ADDRESS	INDIALANTIC FL	
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Randall Conway* **SIGNATURE REQUIRED CONWAY**

3-16-99

Date

Daytime Phone #

CR2E037-11/98