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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 DELETE
NAME KUNKEL, JOHN
STREET ADDRESS 255 E PARADISE BLVD #26
CITY-ST-ZIP INDIALANTIC FL

TITLE TD DELETE
NAME HUFFMIRE, BARBARA
STREET ADDRESS 255 PARADISE BLVD #18
CITY-ST-ZIP INDIALANTIC FL

TITLE SD DELETE
NAME CONWAY, CINDY
STREET ADDRESS 255 PARADISE BLVD #8
CITY-ST-ZIP INDIALANTIC FL

TITLE PD DELETE
NAME CONWAY, RANDY
STREET ADDRESS 255 E. PARDISE BLVD #8
CITY-ST-ZIP INDIALANTIC FL

TITLE D DELETE
NAME HUFFMIRE, EDGAR
STREET ADDRESS 255 PARADISE BLVD #18
CITY-ST-ZIP INDIALANTIC FL

TITLE VD 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 Change Addition
1.2 NAME 255 E PARADISE BLVD #19
1.3 STREET ADDRESS INDIALANTIC, FL
1.4 CITY-ST-ZIP

2.1 TITLE SD Change Addition
2.2 NAME Kim Kemp
2.3 STREET ADDRESS 255 PARADISE BLVD #9
2.4 CITY-ST-ZIP INDIALANTIC, FL

3.1 TITLE TD Change Addition
3.2 NAME LAWRENCE GAIDA
3.3 STREET ADDRESS 255 PARADISE BLVD #19
3.4 CITY-ST-ZIP INDIALANTIC FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0019080

CR2E037-11198