

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90087 050 \*\*\*\*61.25

**DOCUMENT # N14169**

1. Entity Name

**TOWN HOMES OF PARADISE PARK OWNERS ASSOCIATION.**

Principal Place of Business

Mailing Address

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

255 PARADISE BLVD  
 PO BOX 033871  
 INDIALANTIC FL 32903-0871  
 US

A0039551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2069765**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUNKEL, JOHN	
STREET ADDRESS	255 E PARADISE BLVD #26	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAIDA, STEPHANIE	
STREET ADDRESS	255 E PARADISE BLVD #19	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KEMP, KIM	
STREET ADDRESS	255 PARADISE BLVD #9	
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	TD	<input type="checkbox"/> Delete
NAME	GAIDA, LAWRENCE	
STREET ADDRESS	255 PARADISE BLVD #19	
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	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, DAVID	
STREET ADDRESS	255 Paradise Blvd. #23	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, ROSA	
STREET ADDRESS	255 Paradise Blvd #23	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, DAVID	
STREET ADDRESS	255 Paradise Blvd. #46	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature* REQUIRED

3-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #