


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N14169
1. Entity 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
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2069765	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DAVID 255 E. PARADISE BLVD #23 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, ROSA 255 E. PARADISE BLVD #23 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, DAVID 255 PARDISE BLVD. #46 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONWAY, RANDY 255 E. PARDISE BLVD #8 INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAIDA, LAWRENCE 255 PARADISE BLVD #19 INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUFF, SUSAN 255 PARADISE BLVD., #47 INDIALANTIC, FL

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01/13/04-80036-024 61.25

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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: Randall J. Conway **RANDALL J. CONWAY** 1-8-04 321-777-6481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #