


**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	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent CONWAY, RANDALL 255 PARADISE BLVD #8 INDIALANTIC, FL 32903		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PARADISE BLVD. #46 INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONWAY, RANDY 255 E. PARADISE 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	
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: <u><i>Randall J. Conway</i></u> RANDALL J. CONWAY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-8-04 321-777-6481 <small>Date Daytime Phone #</small>



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2069765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/13/04-80036-024 61.25

**DO NOT WRITE
IN THIS SPACE**