


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 025 ****61.25

DOCUMENT # N14169					
1. Entity Name TOWN HOMES OF PARADISE PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 255 PARADISE BLVD INDIALANTIC, FL 32903-7871 US			Mailing Address 255 PARADISE BLVD PO BOX 033871 INDIALANTIC, FL 32903-7871 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2069765	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. 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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, DAVID		NAME	SIWANOWICZ, SANDRA	
STREET ADDRESS	255 PARADISE BLVD #23		STREET ADDRESS	20 HARBOUR ISLE WEST	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, ROSA		NAME	HARAN, PATRICK	
STREET ADDRESS	255 PARADISE BLVD #23		STREET ADDRESS	255 PARADISE BLVD #38	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, RANDY		NAME		
STREET ADDRESS	255 PARADISE BLVD #8		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YDO, MARIA		NAME		
STREET ADDRESS	255 PARADISE BLVD #32		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUFF, SUSAN		NAME	TRAFTON, DONALD	
STREET ADDRESS	255 PARADISE BLVD., #47		STREET ADDRESS	255 PARADISE BLVD. #34	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIDA, STEPHANIE		NAME	KREIST, RICKI	
STREET ADDRESS	255 PARADISE BLVD #19		STREET ADDRESS	255 PARADISE BLVD. #27	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Randall Conway</i>		RAWDALL CONWAY		04/16/08 321-799-4747	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	