

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90825 045 ****61.25



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2069765**
Applied For
Not Applicable

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**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DAVID	
STREET ADDRESS	255 E PARADISE BLVD #28 # 23	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENNETT, ROSA	
STREET ADDRESS	255 E PARADISE BLVD #18 # 23	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, DAVID	
STREET ADDRESS	255 PARDISE BLVD. #46	
CITY-ST-ZIP	INDIALANTIC FL 32903	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Randy Conway* **REQUIRED** Jan 9, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)