

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12714 (4)**
1. Corporation Name
PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% PAT NIEHAUS
2201 US 41 S. LOT 80
RUSKIN FL 33570**

Mailing Address
**% PAT NIEHAUS
2201 US 41 S. LOT 80
RUSKIN FL 33570**

3. Date Incorporated or Qualified
12/23/1985

3a. Date of Last Report
03/15/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIEHAUS, PATRICA
2201 U.S. 41 SOUTH
LOT 80
RUSKIN FL 33570**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres.
NAME	RICE, NOEL H.	1.2 NAME	Jim Singleton
STREET ADDRESS	2201 US-41 S #63	1.3 STREET ADDRESS	11607 GENERAL DELIVERY
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	BONFIECE, ONT. POH IEO
TITLE	VP	2.1 TITLE	J.P.
NAME	NUTAITUS, JOSEPH	2.2 NAME	RALPH BREHM
STREET ADDRESS	2201 US-41 S #55	2.3 STREET ADDRESS	2311 OREGON RD
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	CELINA OHIO 45822
TITLE	D	3.1 TITLE	MARVIN ROON
NAME	RICE, GAIL M.	3.2 NAME	2201 US 41 S LOT 62
STREET ADDRESS	2201 US-41 S #63	3.3 STREET ADDRESS	RUSKIN, FL 33570
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	WEAVER, BETTY	4.2 NAME	ARLENE GOODWIN
STREET ADDRESS	2201 US-41 S #64	4.3 STREET ADDRESS	2201 US 41 S. LOT 53
CITY-ST-ZIP	RUSKIN FL	4.4 CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D	5.1 TITLE	D
NAME	NIEHAUS, PATRICA	5.2 NAME	BONNIE BARNA
STREET ADDRESS	2201 US 41 S #80	5.3 STREET ADDRESS	RRE Box 221
CITY-ST-ZIP	RUSKIN FL	5.4 CITY-ST-ZIP	So. WHITLEY, IND. 46787
TITLE	ST	6.1 TITLE	Sec. Treas.
NAME	SINIFF, DONNA	6.2 NAME	Cathryn Hargett (Karp)
STREET ADDRESS	2201 US-41 S #65	6.3 STREET ADDRESS	2201 U.S. 41 S. Lot 100
CITY-ST-ZIP	RUSKIN FL	6.4 CITY-ST-ZIP	Ruskin, FL 33570

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)