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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12714** (4)

1. Corporation Name

PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

% PAT NIEHAUS
2201 US 41 S. LOT 80
RUSKIN FL 33570-5305



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1985		3a. Date of Last Report 02/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETON, JIM			1.2 NAME	GOODWIN ARLEEN		
STREET ADDRESS	L16C7 GENERAL DELIVERY			1.3 STREET ADDRESS	2201 US 41 S LOT 53		
CITY-ST-ZIP	BONFIECE ON			1.4 CITY-ST-ZIP	RUSKIN FL		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREHM, RALPH			2.2 NAME	MARIE KOPPLE		
STREET ADDRESS	2311 OREGON ROAD			2.3 STREET ADDRESS	2201 US 41 S LOT 72		
CITY-ST-ZIP	CELINA OH			2.4 CITY-ST-ZIP	RUSKIN FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROON, MARVIN			3.2 NAME	DONNA SINIFF		
STREET ADDRESS	2201 US 41 S LOT 62			3.3 STREET ADDRESS	2201 US 41 S LOT 6		
CITY-ST-ZIP	RUSKIN FL			3.4 CITY-ST-ZIP	RUSKIN FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODWIN, ARLENE			4.2 NAME	ANDERS RAY		
STREET ADDRESS	2201 US 41 S LOT 53			4.3 STREET ADDRESS	2201 US 41 S LOT 22		
CITY-ST-ZIP	RUSKIN FL			4.4 CITY-ST-ZIP	RUSKIN FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNA, BONNIE			5.2 NAME	WEST WILBER		
STREET ADDRESS	RRE BOX 221			5.3 STREET ADDRESS	2201 US 41 S LOT 5		
CITY-ST-ZIP	S. WHITLEY IN			5.4 CITY-ST-ZIP	RUSKIN FL		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERGEST, CATHERINE			6.2 NAME	CATHERINE HERBERT		
STREET ADDRESS	2201 US 41 S LOT 100			6.3 STREET ADDRESS	2201 US 41 S LOT 100		
CITY-ST-ZIP	RUSKIN FL			6.4 CITY-ST-ZIP	RUSKIN FL		

14. I do 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 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

Catherine Hergest

CATHERINE HERGEST (KAYE)

CR2E037 (9/96)