

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**12/23/1985**

4. FEI Number  
**NOT APPLICABLE**

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOODWIN, ARLEEN	
STREET ADDRESS	2201 US 41 S., LOT 53	
CITY - ST - ZIP	RUSKIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOPPLE, MARIE	
STREET ADDRESS	2001 US 41 S., LOT 72	
CITY - ST - ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROON, MARVIN	
STREET ADDRESS	2201 US 41 S., LOT 6	
CITY - ST - ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERS, RAY	
STREET ADDRESS	2201 US 41 S., LOT 22	
CITY - ST - ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEST, WILBER	
STREET ADDRESS	2201 US 41 S., LOT 5	
CITY - ST - ZIP	RUSKIN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HERGERT, CATHERINE	
STREET ADDRESS	2201 US 41 S., LOT 100	
CITY - ST - ZIP	RUSKIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John ANGELHOFF	
1.3 STREET ADDRESS	2201 US 41 S., LOT 64	
1.4 CITY - ST - ZIP	RUSKIN FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DON SMITH	
2.3 STREET ADDRESS	2201 US 41 S., LOT 38	
2.4 CITY - ST - ZIP	RUSKIN FL	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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: \_\_\_\_\_ 3-29-98 813/645-0194

CR2E037 (10/97)