

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755258

1. Entity Name

PARADOR CONDOMINIUM ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90092 028 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ROBERT HALL & ASSOC. INC. 201 NAPLES FL 34102	1100 FIFTH AVENUE SOUTH 201 NAPLES FL 34102-6407 US

2. Principal Place of Business 1100 FIFTH AVE S	3. Mailing Address
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Suite, Apt. #, etc. 201	Suite, Apt. #, etc.
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City & State NAPLES FL	City & State
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Zip 34102	Country USA	Zip	Country
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4. FEI Number 59-2169329	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROBER HALL & ASSOCIATES 1100 FIFTH AVE SOUTH 201 NAPLES FL 34102

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLER, PATRICIA 1200 GULF SHORE BLVD #201 NAPLES, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAHN, SIDNEY 1200 GULF SHORE BLVD NORTH, #104 NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPPEN, JOHN 1200 GULF SHORE BLVD. N. #102 NAPLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINISTER, MILDRED 1200 GULF SHORE BLVD #103 NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D PHILIP CHINN 1200 GULF SHORE BLVD # 303 NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/K/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/28/00 (9A) 434-7600
Daytime Phone #