

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

0078043

**DOCUMENT # N12714**

1. Entity Name

**PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.**

03-28-2002 90788 012 \*\*\*\*61.25

Principal Place of Business 2201 US 41 S., LOT 9 RUSKIN FL 33570	Mailing Address 2201 US 41 S., LOT 9 RUSKIN FL 33570
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>NOT APPLICABLE</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SINIFF, DONNA**  
**2201 U.S. 41 SOUTH**  
**LOT 9**  
**RUSKIN FL 33570**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
~~XXXXXXXXXX~~  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>P</b> <b>SINIFF, DONNA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2201 US 41 S., LOT 9</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>D</b> <b>SMITH, DON</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2201 US 41 S., LOT 28</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>D</b> <b>ROON, MARVIN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2201 US 41 S., LOT 62</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>D</b> <b>WEST, WILBER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2201 US 41 S., LOT 5</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>V</b> <b>PRIEST, BILL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2201 US 41 S., LOT 101</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE NAME	<b>S</b> <b>KUBISH, LANA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2201 US 41 S., LOT 49</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<b>Director</b> <b>SINIFF, DONNA</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2201 US 41 S., LOT 9</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE NAME	<b>Treasurer</b> <b>MARY SMITH</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2201 US 41 S., LOT 28</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE NAME	<b>Director</b> <b>GRANGER, ROGER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2201 US 41 S., LOT 58</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE NAME	<b>President</b> <b>GEORGE FLATT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2201 US 41 S., LOT 24</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE NAME	<b>Director</b> <b>JOHN ANGELOFF</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2201 US 41 S., LOT 64</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE NAME	<b>Director</b> <b>HOWARD FLATT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2201 US 41 S., LOT 24</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	

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:** *Donna Siniff* **DONNA SINIFF** 03-18-02 813-641-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)