

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12714

FILED
Feb 21, 2005
Secretary of State

Entity Name: PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2201 US 41 S., LOT 5
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

2201 US 41 S., LOT 5
RUSKIN, FL 33570

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUBISH, LANA
2201 U.S. 41 SOUTH
LOT 5
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EADES, MICHAEL
Address: 2201 US 41 S, LOT 74
City-St-Zip: RUSKIN, FL 33570

Title: V () Delete
Name: GRANGER, ROGER
Address: 2201 US 41 S., LOT 58
City-St-Zip: RUSKIN, FL 33570

Title: T () Delete
Name: EADES, SUE
Address: 2201 US 41 S, LOT 74
City-St-Zip: RUSKIN, FL 33570

Title: S () Delete
Name: KUBISH, LANA
Address: 2201 US 41 S., LOT 5
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: SMITH, MARY
Address: 2201 US 41 S., LOT 28
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: ROBINSON, GREG
Address: 2201 US 41 S., LOT59
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLCOMBE, CHARLES
Address: 2201 US 41 S., LOT20
City-St-Zip: RUSKIN, FL 33570

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES HOLCOMBE

D

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date