

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746387

**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC2677252252**

**Entity Name:** PARADISE ISLAND TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number: 59-2041514**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

*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: MICHAEL FLEMING**

**02/10/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARROW, ANITA  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            DEGRANDE, GERALD  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            PURCELL, PATRICIA  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            RAMSAY, DAVID  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            FULLER, WILLIAM  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE: ANITA HARROW**

**PRESIDENT**

**02/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date