## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000509

Entity Name: PARADISE ISLAND CO-OP, INC.

**Current Principal Place of Business:** 

1001 STARKEY ROAD LOT 110

LARGO, FL 33771

**Current Mailing Address:** 

C/O RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777 US

FEI Number: 20-4145115 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CHASE, BRIAN C ESQ. 1701 N. 20TH STREET SUITE B TAMPA, FL 33605 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: BRIAN C CHASE 04/03/2020

Electronic Signature of Registered Agent

Date

**FILED** Apr 03, 2020

**Secretary of State** 

9095280539CC

Officer/Director Detail:

V. PRESIDENT Title Title **TREASURER** NOELLER, HAROLD Name Name KEITH. KNOWLES Address 7300 PARK STREET Address 7300 PARK STREET SEMINOLE FL 33777 City-State-Zip: SEMINOLE FL 33777 City-State-Zip:

Title **DIRECTOR** Title **SECRETARY** 

ANDERSON, RONALD Name GERVASI, MICHAEL L Name 7300 PARK STREET Address 7300 PARK STREET Address City-State-Zip: SEMINOLE FL 33777 City-State-Zip: SEMINOLE FL 33777

Title **DIRECTOR** Title **PRESIDENT** 

Name ANITA, HAUN Name HUMPHRIES, PATRICIA

Address 7300 PARK STREET Address 7300 PARK STREET

City-State-Zip: SEMINOLE FL 33777 City-State-Zip: SEMINOLE FL 33777

Title **DIRECTOR** 

Name PAUL, SNELLENBERGER Address 7300 PARK STREET SEMINOLE FL 33777 City-State-Zip:

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.

04/03/2020 SIGNATURE: PATRICIA HUMPHRIES PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date