

**2018 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:**

1001 STARKEY ROAD LOT 110  
LARGO, FL 33771

**FEI Number:** 20-4145115

**Certificate of Status Desired:** No

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

ADVANCE COMMUNITY MANAGEMENT  
5143 50TH AVE WEST  
BRADENTON, FL 34210 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:** NANCY L. PERRY

01/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KNOWLES, KEITH  
Address        1001 STARKEY ROAD LOT # 695  
City-State-Zip: LARGO FL 33771

Title            TREASURER  
Name            CRUSE, JANYCE  
Address        1001 STARKEY ROAD LOT# 370  
City-State-Zip: LARGO FL 33771

Title            SECRETARY  
Name            ANDERSON, RONALD  
Address        1001 STARKEY ROAD LOT #571  
City-State-Zip: LARGO FL 33771

Title            DIRECTOR  
Name            GERVASI, MICHAEL L  
Address        1001 SHARKEY ROAD, #651  
                  LOT 713  
City-State-Zip: LARGO FL 33771

Title            VP  
Name            HUMPRIES, PATRICA  
Address        1001 STARKEY ROAD LOT #103  
City-State-Zip: LARGO FL 33771

Title            DIRECTOR  
Name            LAFLAME, LINDA  
Address        1001 STARKEY ROAD  
                  LOT 690  
City-State-Zip: LARGO FL 33771

Title            DIRECTOR  
Name            STEVENS, JAMES  
Address        1001 STARKEY ROAD  
                  LOT 427  
City-State-Zip: LARGO FL 33771

*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:** KEITH F. KNOWLES

**PRESIDENT**

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date