

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14169

**FILED**  
**Feb 14, 2015**  
**Secretary of State**  
**CC3491448665**

**Entity Name:** TOWN HOMES OF PARADISE PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

255 PARADISE BLVD  
UNIT 34  
INDIALANTIC, FL 32903

**Current Mailing Address:**

P.O. BOX 033871  
INDIALANTIC, FL 32903 US

**FEI Number: 59-2069765**

**Certificate of Status Desired: No**

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

HARAN, PATRICK  
255 PARADISE BLVD  
UNIT 38  
INDIALANTIC, FL 32903 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: PATRICK HARAN**

**02/14/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	CONWAY, RANDALL
Address	255 PARADISE BLVD #8
City-State-Zip:	INDIALANTIC FL 32903
Title	DIRECTOR
Name	NOE, SANDRA S
Address	20 HARBOUR ISLE DR., WEST UNIT #PH6
City-State-Zip:	FT. PIERCE FL 34949
Title	VP, /ASST. TREASURER
Name	YDO, MARIA
Address	255 PARADISE BLVD. #32
City-State-Zip:	INDIALANTIC FL 32903

Title	PRESIDENT
Name	STEVANUS, NICOLE
Address	255 PARADISE BLVD #39
City-State-Zip:	INDIALANTIC FL 32903
Title	SECRETARY/TREASURER
Name	TRAFTON, DONALD R
Address	255 PARADISE BLVD #34
City-State-Zip:	INDIALANTIC FL 32903

*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: DONALD R. TRAFTON**

**SECRETARY/TREASURER 02/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date