

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14169

Entity Name: TOWN HOMES OF PARADISE PARK OWNERS ASSOCIATION, INC.**FILED**
Mar 08, 2017
Secretary of State
CC3722289631**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****03/08/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name BEHRMANN, DIANE
Address P.O. BOX 033871
City-State-Zip: INDIALANTIC FL 32903**Title** PRESIDENT, / ASST. TREASURER
Name YDO, MARIA
Address P.O. BOX 033871
City-State-Zip: INDIALANTIC FL 32903**Title** V. P.
Name NOE, SANDRA S
Address P.O. BOX 033871
City-State-Zip: INDIALANTIC FL 32903**Title** TREASURER
Name TRAFTON, DONALD R
Address P.O. BOX 033871
City-State-Zip: INDIALANTIC FL 32903**Title** SECRETARY
Name CORDELLI, WANDA
Address P. O. BOX 033871
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**TREASURER****03/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date