

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90020 026 ****61.25

DOCUMENT # 731374

1. Entity Name

PARADISE POINTE WEST COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**11945 PARADISE POINTE WAY
 NEW PORT RICHEY FL 34654**

Mailing Address

**11945 PARADISE POINTE WAY
 NEW PORT RICHEY FL 34654**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1582935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ADCOCK, SAMUEL V
 11813 CARISSA LANE
 NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

Name

HATHAWAY, ROB R.

Street Address (P.O. Box Number is Not Acceptable)

12025 BOYNTON LANE

City

NEW PORT RICHEY

FL

Zip Code

34654

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **ALLEN, GENEVA**
 STREET ADDRESS **11608 BAYONET LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
 NAME **SCARABINO, FRANK**
 STREET ADDRESS **11713 BOYNTON LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
 NAME **KILCOIN, GERALDINE**
 STREET ADDRESS **11817 BAYONET LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☒ Delete
 NAME **ADCOCK, SAMUEL V**
 STREET ADDRESS **11813 CARISSA LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **T** ☒ Change ☐ Addition
 NAME **HATHAWAY, ROB R.**
 STREET ADDRESS **12025 BOYNTON LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (727) 856-2637

CR2E037 (9/01)