FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737653 (6)

1. Corporation Name

PARADISE ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ATTN: GAYLE FLORA 3531 NE 170TH ST. NORTH MIAMI BEACH FL 33160	ATTN: GAYLE FLORA 3531 NE 170TH ST. NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 12/21/1976

3a. Date of Last Report: 03/20/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-1986984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, JUDALYNE
3531 NE 170TH ST. #201
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: Lee DoLAN

82 Street Address (P.O. Box Number is Not Acceptable): 3531 NE 170th St. # 307

83:

84 City: N. Miami Bch FL 85 Zip Code: 33160

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	GOULD, PATRICK	
STREET ADDRESS	3531 NE 170TH ST. #202	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	TD	☑ DELETE
NAME	DOLAN, BARBARA	
STREET ADDRESS	3531 NE 170TH ST. #307	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	SD	☑ DELETE
NAME	BROWN, JUDALYNE	
STREET ADDRESS	3531 NE 170TH ST. #201	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	Lee DoLAN	
1.3 STREET ADDRESS	3531 NE 170th # 307	
1.4 CITY-ST-ZIP	N. Miami Bch, FL. 33160	
2.1 TITLE	TD	☑ Change ☐ Addition
2.2 NAME	GAYLE FLORA	
2.3 STREET ADDRESS	3531 NE 170th St. # 102	
2.4 CITY-ST-ZIP	N. Miami Bch. FL. 33160	
3.1 TITLE	SD	☑ Change ☐ Addition
3.2 NAME	DARLENE GOULD	
3.3 STREET ADDRESS	3531 NE 170th St #202	
3.4 CITY-ST-ZIP	NMiami Bch. FL 33160	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Lee DoLAN 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #