

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90036 019 ****61.25

DOCUMENT # 737653

1. Corporation Name

PARADISE ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3531 NE 170TH ST
% CHARLES ABELL
NORTH MIAMI BEACH FL 33160

Mailing Address

3531 NE 170TH ST
% CHARLES ABELL
NORTH MIAMI BEACH FL 33160

567859 - 90036 - 19



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/21/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1986984

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABELL, CHARLES
3531 NE 170TH ST
NORTH MIAMI BEACH FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME **ABELL, CHARLES**
STREET ADDRESS **3531 NE 170TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME **DOLAN, BARBARA**
STREET ADDRESS **3531 NE 170TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME **VASQUEZ, VICTORIA**
STREET ADDRESS **3531 NE 170TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME **FLORA, GAYLE**
STREET ADDRESS **3531 NE 170TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual reports 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-99

CR2E037 (11/98)