

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 737786 (4)

95 FEB 16 PM 3:08

1. Corporation Name
PARADISE BEACH VILLAS CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business 1800 PARADISE BLVD. INDIALANTIC FL 32903	Mailing Address 1800 PARADISE BLVD. INDIALANTIC FL 32903
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1977	3a. Date of Last Report 04/08/1994
4. FEI Number 59-1790607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
MOORE, DAVID
170-13 PARADISE BOULEVARD
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent
81 Name
Newberry, William
82 Street Address (P.O. Box Number is Not Acceptable)
180-3 Paradise Boulevard
83
84 City
Indialantic FL 85 Zip Code
32903

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *William S. Newberry* William Newberry, Pres. 2-8-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MOORE, DAVID
STREET ADDRESS	180-0 PARADISE BLVD.
CITY- ST- ZIP	INDIALANTIC FL
TITLE	D
NAME	SCOTT, H. AUSTIN
STREET ADDRESS	180-18 PARADISE BLVD.
CITY- ST- ZIP	INDIALANTIC FL
TITLE	D
NAME	NEWBERRY, WILLIAM
STREET ADDRESS	180-3 PARADISE BLVD.
CITY- ST- ZIP	INDIALANTIC FL
TITLE	D
NAME	MOGEE, JAMES
STREET ADDRESS	190-5 PARADISE BLVD.
CITY- ST- ZIP	INDIALANTIC FL
TITLE	VDS
NAME	DORSEY, C PAUL
STREET ADDRESS	180-3 PARADISE BLVD.
CITY- ST- ZIP	INDIALANTIC FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Newberry, William	
1.3 STREET ADDRESS	180-3 Paradise Blvd.	
1.4 CITY- ST- ZIP	Indialantic, FL. 32903	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Knight, Gloria	
2.3 STREET ADDRESS	190-2 Paradise Blvd.	
2.4 CITY- ST- ZIP	Indialantic, FL. 32903	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jones, Patricia	
3.3 STREET ADDRESS	190-18 Paradise Blvd.	
3.4 CITY- ST- ZIP	Indialantic, FL. 32903	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brown, Jacqueline	
4.3 STREET ADDRESS	180-2 Paradise Blvd.	
4.4 CITY- ST- ZIP	Indialantic, FL. 32903	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Geddy, George	
5.3 STREET ADDRESS	190-11 Paradise Blvd.	
5.4 CITY- ST- ZIP	Indialantic, FL. 32903	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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)(b), 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: *William S. Newberry* William Newberry PDT 2/8/95 407-779-0421
(NOTE: Registered Agent signature required when reinstating)