

**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 # 737786 (4)

1. Corporation Name  
**PARADISE BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1800 PARADISE BLVD. INDIALANTIC FL 32903  
Mailing Address: 1800 PARADISE BLVD. INDIALANTIC FL 32903

3. Date Incorporated or Qualified: 01/11/1977  
3a. Date of Last Report: 02/16/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1790607	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

NEWBERRY, WILLIAM  
180-3 PARADISE BOULEVARD  
INDIALANTIC FL 32903

81 Name: PECORARO, RAYMOND  
82 Street Address (P.O. Box Number is Not Acceptable): 170-14 PARADISE BLVD.  
83  
84 City: INDIALANTIC FL 85 Zip Code: 32903

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]* DATE: JANUARY 22, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT NEWBERRY, WILLIAM 180-3 PARADISE BLVD INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME			RD PECORARO, RAYMOND 170-14 PARADISE BLVD. INDIALANTIC, FL. 32903
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			1.2 NAME
			1.3 STREET ADDRESS
			1.4 CITY-ST-ZIP
TITLE	VD KNIGHT, GLORIA 190-2 PARADISE BLVD INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME			V/D DESHAIES, RON 170-7 PARADISE BLVD INDIALANTIC, FL. 32903
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE	SD JONES, PATRICIA 190-18 PARADISE BLVD INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME			T/S/D DONALD POLIFKA 170-8 PARADISE BLVD. INDIALANTIC, FL 32903
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
TITLE	D BROWN, JACQUELINE 180-2 PARADISE BLVD INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME			D JAMES PEO 170-15 PARADISE BLVD. INDIALANTIC, FL. 32903
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE	D GEDDY, GEORGE 190-11 PARADISE BLVD INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME			D DAVID MOORE 170-13 PARADISE BLVD INDIALANTIC, FL. 32903
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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)(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]* DATE: 1/22/96 DAYTIME PHONE #: 773-4666

CR2E037 (12/95)