

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737786 (4)**

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



Principal Place of Business <b>1800 PARADISE BLVD. INDIALANTIC FL 32903</b>	Mailing Address <b>1800 PARADISE BLVD. INDIALANTIC FL 32903-2441</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/11/1977</b>	3a. Date of Last Report <b>01/31/1996</b>
21	22	26	27	4. FEI Number <b>59-1790607</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**PECORARO, RAYMOND  
170-14 PARADISE BLVD  
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name **Ronald J. Deshaies**

82 Street Address (P.O. Box Number is Not Acceptable)  
**170-7 PARADISE BLVD.**

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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 *Ronald J. Deshaies* **JAN. 15, 1997**

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	<input type="checkbox"/> DELETE
NAME	PECORARO, RAYMOND	
STREET ADDRESS	170-14 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DESHAIES, RON	
STREET ADDRESS	170-7 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	POLIFKA, DONALD	
STREET ADDRESS	170-8 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEO, JAMES	
STREET ADDRESS	170-15 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, DAVID	
STREET ADDRESS	170-13 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DESHAIES, RONALD J.	
1.3 STREET ADDRESS	170-7 PARADISE BLVD.	
1.4 CITY-ST-ZIP	INDIALANTIC, FL. 32903	
2.1 TITLE	VD	<input checked="" 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MERINO, WILLIAM	
3.3 STREET ADDRESS	180-18 PARADISE BLVD.	
3.4 CITY-ST-ZIP	INDIALANTIC, FL. 32903	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NEWBERRY, WILLIAM	
4.3 STREET ADDRESS	180-3 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	MOORE, DAVID	
5.3 STREET ADDRESS	170-13 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 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 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 *Ronald J. Deshaies* PRES. 1/15/97 170-773-4111

CR2E037 (9/96)