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 Secretary of State



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

NONPROFIT CORPORATION
 ANNUAL REPORT
 1998

DOCUMENT # 737786 (4)

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



Principal Place of Business Mailing Address
 180-0 PARADISE BLVD. INDIALANTIC FL 32903
 180-0 PARADISE BLVD. INDIALANTIC FL 32903

3. Date Incorporated or Qualified
 01/11/1977
 4. FEI Number
 59-1790607
 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 DESHAJES, RONALD J
 170-7 PARADISE BLVD
 INDIALANTIC FL 32903

10. Name and Address of New Registered Agent
 81 Name RAYMOND PECORARO
 82 Street Address (P.O. Box Number is Not Acceptable) 180-0 PARADISE BLVD.
 83 INDIALANTIC
 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]* RAYMOND PECORARO Jan 6, 1998 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 checked="" type="checkbox"/> DELETE
NAME	DESHAJES, RON	
STREET ADDRESS	170-7 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	POLIFKA, DONALD	
STREET ADDRESS	170-8 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEO, JAMES	
STREET ADDRESS	170-15 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, DAVID	
STREET ADDRESS	170-13 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ADJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAYMOND PECORARO	
1.3 STREET ADDRESS	170-14 Paradise Blvd	
1.4 CITY-ST-ZIP	INDIALANTIC, FL. 32903	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter Newberry	
2.3 STREET ADDRESS	180-3 Paradise Blvd.	
2.4 CITY-ST-ZIP	INDIALANTIC, FL. 32903	
3.1 TITLE	V.P. TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elvira Knight	
3.3 STREET ADDRESS	190-2 Paradise Blvd.	
3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSEMARIE KOVAC	
4.3 STREET ADDRESS	190-16 PARADISE BLVD	
4.4 CITY-ST-ZIP	INDIALANTIC FL 32903	
5.1 TITLE	ADJ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANNE DUKO	
5.3 STREET ADDRESS	170-4 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 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 asterisk.

SIGNATURE: *[Signature]* Jan 6, 1998 407-773-4666

CF2E037 (10/97)