

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90046 023 ****61.25

DOCUMENT # 737786

1. Entity Name

PARADISE BEACH VILLAS CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

180-0 PARADISE BLVD.
 INDIALANTIC FL 32903

180-0 PARADISE BLVD.
 INDIALANTIC FL 32903-2441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1790607

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND PECORARO
180 - 0 PARADISE BLVD
INDIALANTIC FL 32903

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	PECORARO, RAYMOND		
	170-14 PARADISE BLVD		
	INDIALANTIC FL 32903		
D	PETER NEWBERRY		
	180-3 PARADISE BLVD		
	INDIALANTIC FL 32903		
VPD	GLORIA KNIGHT		
	190-2 PARADISE BLVD		
	INDIALANTIC FL 32903		
D	ROSEMARIE KOVAC		
	190-16 PARADISE BLVD		
	INDIALANTIC FL 32903		
DT	ANNE DURKO		
	170-4 PARADISE BLVD		
	INDIALANTIC FL 32903		
D		DIRECTOR	BETTY BAIDREE
			170-6 Paradise Blvd
			INDIALANTIC FL 32903

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

RAYMOND PECORARO 2/7/00 Area 321-773-4666

Date

Daytime Phone #

CR2E037 (9/99)