

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$265)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 746387 (0)

1. Corporation Name
PARADISE ISLAND TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2837 1ST AVENUE, NORTH ST. PETERSBURG FL 33713 **2837 1ST AVENUE, NORTH ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/22/1979 | 3a. Date of Last Report 04/13/1994 |
| 4. Fed Number 59-2041514 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suito, Apt #, etc | 25. Suito, Apt #, etc |
| 22. City & State | 27. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent
**RAMPART PROPERTIES INC
 10033 9TH STREET N., 2ND FLOOR
 ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | 85. Zip Code |

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 _____ DATE _____
Signature typed or printed name of registered agent and title (if applicable) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | PD |
| NAME | THOMPSON, JOHN |
| STREET ADDRESS | 10355 PARADISE BLVD. #615 |
| CITY ST ZIP | TREASURE ISLAND FL |
| TITLE | TD |
| NAME | WILLIS, CAROLE T. |
| STREET ADDRESS | 10355 PARADISE BLVD. #704 |
| CITY ST ZIP | TREASURE ISLAND, FL00000 |
| TITLE | VPD |
| NAME | ADAMS, JOHN |
| STREET ADDRESS | 10355 PARADISE BLVD., #705 |
| CITY ST ZIP | TREASURE ISLAND, FL00000 |
| TITLE | SD |
| NAME | SNYDER, ANN |
| STREET ADDRESS | 10355 PARADISE BLVD #508 |
| CITY ST ZIP | TREASURE ISLAND, FL00000 |
| TITLE | D |
| NAME | COOMER, WYNN |
| STREET ADDRESS | 10355 PARADISE BLVD. #602 |
| CITY ST ZIP | TREASURE ISLAND, FL00000 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 11. TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | ADAMS, JOHN | |
| 13. STREET ADDRESS | 10355 PARADISE BLVD. #705 | |
| 14. CITY ST ZIP | TREASURE ISLAND FL, 33706 | |
| 21. TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | DOEL, HENRY | |
| 23. STREET ADDRESS | 10355 PARADISE BLVD. #812 | |
| 24. CITY ST ZIP | TREASURE ISLAND FL, 33706 | |
| 31. TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | WILLIS, CHUCK | |
| 33. STREET ADDRESS | 10355 PARADISE BLVD. #704 | |
| 34. CITY ST ZIP | TREASURE ISLAND FL, 33706 | |
| 41. TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | THOMPSON, JOHN | |
| 43. STREET ADDRESS | 10355 PARADISE BLVD. #615 | |
| 44. CITY ST ZIP | TREASURE ISLAND FL, 33706 | |
| 51. TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | COOMER, WYNN | |
| 53. STREET ADDRESS | 10355 PARADISE BLVD #602 | |
| 54. CITY ST ZIP | TREASURE ISLAND, FL, 33706 | |
| 61. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | | |
| 63. STREET ADDRESS | | |
| 64. 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 110.07(3)(b), Florida Statutes. I further certify that the information reflected 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. 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: John Adams 6-23-95 813-367-2635
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E037 (3/95)