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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746387 (0)
1. Corporation Name
PARADISE ISLAND TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 10033 9 ST NORTH, FLR 2, ST. PETERSBURG FL 33716, US
Mailing Address: 10033 9 ST NORTH, FLR 2, ST. PETERSBURG FL 33716, US

3. Date Incorporated or Qualified: 03/22/1979
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2041514
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

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
84 City: FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ADAMS, JOHN STREET ADDRESS: 10355 PARADISE BLVD., #705 CITY-ST-ZIP: TREASURE ISLAND FL 33708	<input checked="" type="checkbox"/> DELETE
TITLE: VPD NAME: BRUMMER, HELEN STREET ADDRESS: 10355 PARADISE BLVD., #1008 CITY-ST-ZIP: TREASURE ISLAND FL 33708	<input type="checkbox"/> DELETE
TITLE: SD NAME: SNYDER, ANN STREET ADDRESS: 10355 PARADISE BLVD. #508 CITY-ST-ZIP: TREASURE ISLAND FL 33708	<input type="checkbox"/> DELETE
TITLE: T NAME: FINCHAM, KEN STREET ADDRESS: 10355 PARADISE BLVD. #308 CITY-ST-ZIP: TREASURE ISLAND FL 33708	<input type="checkbox"/> DELETE
TITLE: D NAME: COOMER, WYNN STREET ADDRESS: 10355 PARADISE BLVD. #802 CITY-ST-ZIP: TREASURE ISLAND FL 33708	<input checked="" type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Willis, Carole VP 1.2 NAME: _____ 1.3 STREET ADDRESS: 10033 9th St N Flr 2 1.4 CITY-ST-ZIP: St Pete, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: S 2.2 NAME: _____ 2.3 STREET ADDRESS: 10033 9th St N Flr 2 2.4 CITY-ST-ZIP: St Pete, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: PD 3.2 NAME: _____ 3.3 STREET ADDRESS: 10033 9th St N Flr 2 3.4 CITY-ST-ZIP: St Pete, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: 10033 9th St N Flr 2 4.4 CITY-ST-ZIP: St Pete, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: D 5.2 NAME: Richardson, Herb 5.3 STREET ADDRESS: 10033 9th St N Flr 2 5.4 CITY-ST-ZIP: St Pete FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ DAYTIME PHONE # _____

CR2E037 (9/96)