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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746387

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
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161531-90084-18



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/22/1979	4. FEI Number 59-2041514 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP WILLIS, CAROLE 10033 9TH ST N. ST. PETE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, CAROLE	1.2 NAME	
STREET ADDRESS	10033 9TH ST N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	1.4 CITY-ST-ZIP	
TITLE	S JAEGER, MARVA 10033 9TH ST N ST PETE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, MARVA	2.2 NAME	
STREET ADDRESS	10033 9TH ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	
TITLE	PD SNYDER, ANN 10033 9TH ST N. ST. PETE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ANN	3.2 NAME	
STREET ADDRESS	10033 9TH ST N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	3.4 CITY-ST-ZIP	
TITLE	T FINCHAM, KEN 10033 9TH ST N ST. PETE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHAM, KEN	4.2 NAME	
STREET ADDRESS	10033 9TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	4.4 CITY-ST-ZIP	
TITLE	D RICHARDSON, HERB 10033 9TH ST N ST PETE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, HERB	5.2 NAME	
STREET ADDRESS	10033 9TH ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.

SIGNATURE: *Herb Richardson* **HERB RICHARDSON** January 27, 1999 360-9594
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)