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FILED
Feb 24, 1998 8:00 am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
10033 9 ST NORTH FLR 2 ST. PETERSBURG FL 33716 US
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3. Date Incorporated or Qualified
03/22/1979
4. FEI Number
59-2041514
Applied For Not Applicable

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

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIS, CAROLE	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRUMMER, HELEN	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNYDER, ANN	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FINCHAM, KEN	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST. PETE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, HERB	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST PETE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S JAEGER, MARVA
2.3 STREET ADDRESS	10033 9TH ST N.
2.4 CITY-ST-ZIP	ST. PETE FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 address.

SIGNATURE: *Ann Snyder* IRED February 9, 1998 813 360-9594

CR2E037 (10/97)