

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90096 033 ****61.25

0062487

DOCUMENT # 746387

1. Entity Name

PARADISE ISLAND TOWERS CONDOMINIUM ASSOCIATION,

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2041514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAMPART PROPERTIES INC
10033 9TH STREET N., 2ND FLOOR
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIS, CAROLE	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMIDT, RICHARD	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST PETE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHEVERMANN, FRANCES	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PURCELL, PATRICIA	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole Willis Carole T Willis

Date

4/4/01

Daytime Phone #

727/360-3088

CR2E037 (10/00)