

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **769502** (6)

1. Corporation Name

PARADISE POINT TOWNHOMES OWNERS' ASSOCIATION, IN C.

Principal Place of Business

P.O. BOX 5044
NAVARRE FL 32566

Mailing Address

P.O. BOX 5044
NAVARRE FL 32566



3. Date Incorporated or Qualified
07/21/1983

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2363283

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCORY, PAULA M
8420 GULF BLVD #27
NAVARRE BEACH FL 32566**

81 Name

Kathy Eltz

82

Street Address (P.O. Box Number is Not Acceptable)

8420 GULF BLVD

83

84

City

Navarre Beach

FL

85

Zip Code

32566

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

Kathy Eltz
Signature, typed or printed name of registered agent and title if applicable.

Association Manager
(NOTE: Registered Agent signature required when reappointing)

4-15-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HARDIN, WILLIAM**
STREET ADDRESS **1367 GOLD MINE LANE**
CITY-ST-ZIP **EVERGREEN CO 80439**

1.1 TITLE **B/T** ☐ Change ☒ Addition
1.2 NAME **Destry Rogers**
1.3 STREET ADDRESS **8420 Gulf Blvd #12**
1.4 CITY-ST-ZIP **Navarre Beach, FL 32566**

TITLE **D** ☐ DELETE
NAME **VANDERFORD, RONALD**
STREET ADDRESS **8420 GULF BLVD. #7**
CITY-ST-ZIP **NAVARRE BEACH FL 32566**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Thomas Rich**
2.3 STREET ADDRESS **8420 Gulf Blvd #8**
2.4 CITY-ST-ZIP **Navarre Beach, FL 32566**

TITLE **D** ☐ DELETE
NAME **HASTERT, PAUL**
STREET ADDRESS **8420 GULF BLVD 25**
CITY-ST-ZIP **NAVARRE BEACH FL**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **Bruce Castleberry**
3.3 STREET ADDRESS **8420 Gulf Blvd #10**
3.4 CITY-ST-ZIP **Navarre Beach, FL 32566**

TITLE **P** ☐ DELETE
NAME **RICH, THOMAS**
STREET ADDRESS **8420 GULF BLVD 8**
CITY-ST-ZIP **NAVARRE BEACH FL**

4.1 TITLE **P** ☒ Change ☐ Addition
4.2 NAME **Paula McCary-Fox**
4.3 STREET ADDRESS **509 Western Hills Trail**
4.4 CITY-ST-ZIP **Granbury, TX 76049**

TITLE **P** ☐ DELETE
NAME **CASTLEBERRY, BRUCE**
STREET ADDRESS **8420 GULF BLVD 16**
CITY-ST-ZIP **NAVARRE BEACH FL**

5.1 TITLE **200001792152**
5.2 NAME **-04/24/96--01019--006**
5.3 STREET ADDRESS *****\$61.25**
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **MCCORY, PAULA M**
STREET ADDRESS **8420 GULF BLVD #27**
CITY-ST-ZIP **NAVARRE BEACH FL**

6.1 TITLE *****\$61.25**
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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: *Paula McCary-Fox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-96 **904-939-0515**
Daytime Phone #

CR2E037 (12/95)