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Oct 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

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



DOCUMENT # 769502 (6)

1. Corporation Name

PARADISE POINT TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5044  
NAVARRE FL 32566

P.O. BOX 5044  
NAVARRE FL 32566



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

Nicole Wirth  
8460 Gulf Blvd  
Navarre Beach, Fla.  
32566

81 Name

Nicole Wirth

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

8460 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

Nicole Wirth Nicole Wirth

5/18/98

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME IRWIN, SHIRLEY  
STREET ADDRESS 8420 GULF BLVD, #10  
CITY - ST - ZIP NAVARRE BEACH FL

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

TITLE D  
NAME ROBT, JM  
STREET ADDRESS 8420 GULF BLVD, #23  
CITY - ST - ZIP NAVARRE BEACH FL

TITLE P  
NAME FOERSTER, BARBARA  
STREET ADDRESS 8420 GULF BLVD, #11  
CITY - ST - ZIP NAVARRE BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE b  
1.2 NAME Jack Tice  
1.3 STREET ADDRESS 7711 Nature Trail  
1.4 CITY - ST - ZIP Columbus, Ga 31904

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE PD  
4.2 NAME FOERSTER, Barbara  
4.3 STREET ADDRESS 1600 Coventry PK  
4.4 CITY - ST - ZIP OKLA. City, OK 73120

5.1 TITLE  
5.2 NAME 200002658722  
5.3 STREET ADDRESS -10/08/98-01011-023  
5.4 CITY - ST - ZIP \*\*\*61.25

6.1 TITLE  
6.2 NAME 200002658722  
6.3 STREET ADDRESS -10/08/98-01011-022  
6.4 CITY - ST - ZIP \*\*\*61.25

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

[Signature]

5/18/98

850.939.2311

CP2E037 (10/97)