

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 # N02531

(4)

1. Corporation Name

PARADISE BAY ESTATES, INC.

Principal Place of Business

17 WPT
10315 44TH. AVE. WEST
BRADENTON FL 34210

Mailing Address

17 WPT
10315 44TH. AVE. WEST
BRADENTON FL 34210

3. Date Incorporated or Qualified
04/13/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2731631

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

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	POD	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, GEORGE	
STREET ADDRESS	10315 44TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JAMES	
STREET ADDRESS	10315 44TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOONTZ, DAVID L	
STREET ADDRESS	10315 44TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOBOLD, PATRICIA E	
STREET ADDRESS	10315 44TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUFFLEBOTHAM, RONALD	
STREET ADDRESS	10315 44TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEDDEN, LEWIS	
STREET ADDRESS	10315 44TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	P/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lloyd Hartman	
1.3 STREET ADDRESS	10315 44th. Ave. West	
1.4 CITY-ST-ZIP	Bradenton, FL 34210	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lewis Shedden	
2.3 STREET ADDRESS	10315 44th. Ave. West	
2.4 CITY-ST-ZIP	Bradenton, FL 34210	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell D. Richardson	
3.3 STREET ADDRESS	10315 44th. Ave. West	
3.4 CITY-ST-ZIP	Bradenton, FL 34210	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Grace Brown	
4.3 STREET ADDRESS	10315 41th. Ave. West	
4.4 CITY-ST-ZIP	Bradenton, FL 34210	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Sisson	
5.3 STREET ADDRESS	10315 44th. Ave. West	
5.4 CITY-ST-ZIP	Bradenton, FL 34210	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mildred Pake	
6.3 STREET ADDRESS	10315 44th. Ave. West	
6.4 CITY-ST-ZIP	Bradenton, FL 34210	

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:

Russell D. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 2/26/96 941-794-1250

CR2E037 (12/95)