

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02531

1. Entity Name
PARADISE BAY ESTATES, INC.



Principal Place of Business

10315 CORTEZ RD. W. 17 PT.
10315 44TH. AVE. WEST
BRADENTON, FL 34210

Mailing Address

10315 CORTEZ RD. W. 17 PT.
10315 44TH. AVE. WEST
BRADENTON, FL 34210



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2731631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, THEODORE
STREET ADDRESS	10315 CORTEZ RD. W. 17 PT.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	VD
NAME	KOBOLD, PATRICIA
STREET ADDRESS	10315 CORTEZ RD. W. 17 PL.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	SD
NAME	SCHROTENBOER, EUNICE
STREET ADDRESS	10315 CORTEZ RD. W. 17 W. PT.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	T
NAME	KLOOSTRA, JAMES
STREET ADDRESS	10315 CORTEZ RD. W. 17 W. PL.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	D
NAME	SMITH, HERBERT T
STREET ADDRESS	10315 CORTEZ RD. W. 17 W. PT.
CITY-ST-ZIP	BRADENTON, FL
TITLE	D
NAME	SEIGHMAN, JOHN
STREET ADDRESS	10315 CORTEZ RD. W. 17 PL.
CITY-ST-ZIP	BRADENTON, FL 34210

01/24/05-80167-003 FL 25

000000191244
01/24/US-80167-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Theodore R. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date

941-794-1050
Daytime Phone #