

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12714** (4)
1. Corporation Name
PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % PAT NIEHAUS 2201 US 41 S. LOT 80 RUSKIN FL 33570	Mailing Address % PAT NIEHAUS 2201 US 41 S. LOT 80 RUSKIN FL 33570
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3. Date Incorporated or Qualified 12/23/1985	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIEHAUS, PATRICA
2201 U.S. 41 SOUTH
LOT 80
RUSKIN FL 33570**

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	P <input type="checkbox"/> DELETE
NAME	GOODWIN, ARLEEN
STREET ADDRESS	2201 US 41 S., LOT 53
CITY - ST - ZIP	RUSKIN FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KOPPLE, MARIE
STREET ADDRESS	2001 US 41 S., LOT 72
CITY - ST - ZIP	RUSKIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROON, MARVIN
STREET ADDRESS	2201 US 41 S., LOT 6
CITY - ST - ZIP	RUSKIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERS, RAY
STREET ADDRESS	2201 US 41 S., LOT 22
CITY - ST - ZIP	RUSKIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEST, WILBER
STREET ADDRESS	2201 US 41 S., LOT 5
CITY - ST - ZIP	RUSKIN FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	HERGERT, CATHERINE
STREET ADDRESS	2201 US 41 S., LOT 100
CITY - ST - ZIP	RUSKIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Angel Hoff
1.3 STREET ADDRESS	2201 US 41 S., LOT 64
1.4 CITY - ST - ZIP	RUSKIN FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DON Smith
2.3 STREET ADDRESS	2201 US 41 S., LOT 38
2.4 CITY - ST - ZIP	RUSKIN FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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] 3-29-98 513/645-0194

CR2E037 (10/97)