FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N12714

PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90077 030 ****61.25

Principal Place of Business Mailing Address						- 1					
% PAT NIEHAUS % PAT NIEHAUS						1 (6 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (11 010 11 0 11 1 013 1 11 0	11 6161 414 1 616 1	1 6 (4)	ALAKA BYRIC YARK	
2201 US 41 S.			2201 US 41 S. LOT 80								
RUSKIN FL 33570 RUSKIN FL 33570							! !!	ESS BLOS BLOCK BAR		91811 83811 1881	
	<u></u>						-il 01½		<u> </u>	 	_
2. Principal Pl	ace of Business	2a. Mailing	Address			3. Date Incorpora 12/23/1985		1		-	1
21		26	1								4
Suite, Apt.	#, etc.	`	Suite, Apt. #, etc.			4. FEI Number	NOT APPLICABLE			Applied For	-
22		27				NOT AFFL				Not Applicable	= =
City & State		<u>├</u> ──┐	City & State			5. Certificate of S	Status Desired			Additional Required	
23			Zip Country							5.00 May Be	
Zip	Country Zip			1 .		1 .		' □		U мау ве d to Fees	L
24	9: Name and Address of Current Registered Agent			L	Trust Fund Contribution Added to 1 10. Name and Address of New Registered Agent					10100	1
,	5. Name and Address of Curre	nt Registered A	gent	81	Name	- Traine and A		itogiotorou .			7
NIEHAUS, PATRICA				82	82 Street Address (P.O. Box Number is Not Acceptable)					*	
2201 U.S. 41 SOUTH				83							-
LOT 80			•					:			
ruskin f	L 33570				City			FL	85 Zij	p Code	
			El-11- Ot-t-1				totomont for the		phanaina i	te registered	-
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State	of Florida Such	change was autho	YNZAG DV	the comora	rporation submits this sition's board of director	s. I hereby acce	ept the appoir	itment as	registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section	617.0503, Florida	Statutes.							
SIGNATURE								DATE			ì
42	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			istered Agen	t signature requ	ired when reinstating) ADDITIONS/CI	HANGES TO O		D DIRECT	ORS IN 12	\dashv
12.	SEC .	ND DIRECTORS	DELETE -	1.1 TITLE	1.		IDENT		Change		7
			- Deterie :	1.2 NAME		DAMAIR C	いいとデチ			_	1
NAME	GOODWIN, ARLEEN				#	201 U64	115 10	ot 9			
STREET ADDRESS	2201 US 41 S., LOT 53			1.3 STREET	AUDRESS	RUSKIN _	FLA	335	70		ļ
CITY-ST-ZIP	RUSKING FL	.	DELETE	1.4 CITY-ST 2.1 TITLE		0.0.4505			Chang	e Addition	7
TITLE	S		PADECEIE		K	71160101	WITH				
NAME	KOPPLE, MARIE			2.2 NAME			5 402	-38			
STREET ADDRESS	2001 US 41 S., LOT 72			235 INCEL NOUNESS 72 20 1 40 1							
CITY-ST-ZIP	RUSKIN FL			2.4 CITY-S	T-ZIP	CNOKIN	FAIT		Chang	e SAddition	≓
_TITLE	0		=E DEFELE	3.1 TILE		HOWARD	PLH	"\ \		- Legranion	1
NAME	ROON, MARVIN			3.2 NAME	le	2201 US41	is lot	23			1
STREET ADDRESS	2201 US 41 S., LOT 6			3.3 STREET		RUSKIN	E1/2	335%	70		
CITY-ST-ZIP	RUSKIN FL		S Port Fire	3.4. CITY-S	T-ZIP	7,45 X//Y	PAH	ر حدی	Change	e Addition	╣
TITLE	D .		DELETE	4.1 TITLE					□ cuană	, LI radiati	
NAME	ANDERS, RAY			4.2 NAME	1						
STREET ADDRESS				4.3 STREET	ADDRESS						1
CITY-ST-ZIP	RUSKIN FL			4.4 CITY-ST	T-ZIP				Chara	e	_
TITLE	D		☐ DELETE	5.1 TITLE					☐ Chang	a Modifion	'
NAME	WEST, WILBER			5.2 NAME							ļ
STREET ADDRESS	2201 US 41 S., LOT 5			5.3 STREET	1						-
CITY-ST-ZIP	RUSKIN FL	<u> </u>		5.4 CITY-ST	T-ZIP				 _		4
TILE	D		DELETE	6.1 TITLE				1	Chang	e 🔛 Addition	1
NAME	ANGELHOFF, JOHN			6.2 NAME	1						
STREET ADDRESS	2201 U. S. 41 S LOT 64			6.3 STREET	ADDRESS						
CITY-ST-ZIP	RUSKIN FL			6.4 CITY-ST	T-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 officer or director of the co Block 12 or Block 13 if one

SIGNATURE:

CITY-ST-ZIP