

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #N12714

1. Entity Name

PARADISE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2201 US415 LOT 9
RUSKIN FL 33570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONNA SINIFF
2201 US415 LOT 9
RUSKIN FLA. 33570
PRESIDENT

Name

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

4000004481214--3

-07/17/01--01083--003

City

*****61.25 *****61.25

FL

Zip Code

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.

SIGNATURE

Donna Siniff

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-09-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD FLATH 2201 US415 LOT 24 RUSKIN FL 33570 VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARLENE GOODWIN 2201 US415 LOT 53 RUSKIN FL 33570 SECRETARY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONNA SINIFF 2201 US415 LOT 9 RUSKIN FL 33570 PRESIDENT	Current
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON SMITH 2201 US415 LOT 28 RUSKIN FL 33570 Director	Current
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVIN ROON 2201 US415 LOT 62 RUSKIN FL 33570 Director	Current
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILBER WEST 2201 US415 LOT 5 RUSKIN FL 33570 Director	Current

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL PRIEST 2201 US415 LOT 101 RUSKIN FL 33570 VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANA KUBISH 2201 US415 LOT 49 RUSKIN FL 33570 SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROGER GRANGER 2201 US415 LOT 58 RUSKIN FL 33570 DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN ANGELHOFF 2201 US415 LOT 64 RUSKIN FL 33570 DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Donna Siniff DONNA SINIFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-09-01 813-6410000

FILED

01 MAY 22 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-01 UBR

DO NOT WRITE IN THIS SPACE

03/22/00 90090 020 01.25

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (11/00)