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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

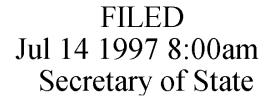
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N28985

(2)

PARADISE BAY UNIT NO. 1 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3887 SAILWIND DR GULF BREEZE FL \$2561 US	P O BOX 846 Gulf Breeze Fl 32562-08 US





110			110										
U\$ 			US						3. Date Incorporated or Qualified 10/25/1988	3a. Dat		6/19	96
	ace of Business	-	 1	lailing Add	ress			·	4. FEI Number NOT APPLICABLE		-		olied For
et Coulto And	4 010		26	uite, Apt. :	H Alo				1101 ALL EIGHBLE		60		Applicable
Suite, Apt.	#, 0 (C.		27	uite, Apt. 1	i, eic.				5. Certificate of Status Desired			ee Re	dditional quired
City & State			_	ity & State					6. Election Campaign Financing				May Be
Zip	Coun		28 Zi	in	·	Соип	ntry		Trust Fund Contribution	=		dded to	
14	25	wy	29	Ψ.		30	,,,,		8. This corporation has liability for Florida Statutes		No	ueis.	199.032,
<u> </u>	9. Name and Add	ress of Current	Register	ed Agent					10. Name and Address of New Re	gistered A	gent		
						ξ	81	Name					
ROSS, DAVID T 3887 SAILWIND DR							82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)			
	REEZE FL 32561					1	83						
332 2	120,000					 -	84	City			85	Zip C	ode
								· · · · · · · · · · · · · · · · · · ·		<u>FL</u>	Ш		
 Pursuant to office or re 	o the provisions of Se egistered agent, or bo	ctions 617.0502 oth, in the State o	ano 617. I Florida.	1508, Floi Such cha	ida Statute nge was a	s, the about uthorized	ove- I by t	-named corporati	oration submits this statement for the pion's board of directors. I hereby acception	ourpose of of the appo	chang sintme	ging its ant as i	registered egistered
	n tamiliar with, and ac	cept the obligati	ons of, S	ection 61	7.0503, Flo	rida Statul	ites.						
SIGNATURE _	Signature, typed or printed na	me of registered agent	and tille if ar	pplicable.	(NOTE	. Registered	Agent	it signature require	ed when reinstating)	DATE			
12.		OFFICERS AND				13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRE	CTOR:	3 IN 12
TITLE	PD				DELETE	1.1 TITL	LE				☐ Ch	ange	Addition
NAME	PUGH, GARLAN	ID B				1.2 NAM	ME						
STREET ADDRESS	1618 PARADISE					1.3 STR	REET A	ADDRESS					
CITY-ST-ZIP	GULF BREEZE I	FL				1.4 City	Y- <u>S</u> T-	- ZIP					
TITLE	VPD				DELETE	2.1 TITL	LE			·	Ch	iange	Addition
NAME	BURKE, JAMES					2.2 NAM	ME	[
STREET ADDRESS	386 PARADISE					2.3 STA	REET A	ADDRESS					
CITY-ST-ZIP	GULF BREEZE	FL				0.400		1					
						2.4011	TY-ST	1 - ZIP					
TITLE	SD				DELETE	3.1 T/TL		I - ZIP			Ch	ange	Addition
TITLE NAME	ROSS, DAVID T				DELETE	_	LE	I - ZIP	7		☐ Ch	nange	Addition
ì	ROSS, DAVID T 3887 SAILWIND	DR			DELETE	3.1 T/TL 3.2 NAM	LE ME	ADDRESS		i	Ch	nange	Addition
NAME	ROSS, DAVID T	DR				3.1 T/TL 3.2 NAM	LE Me Reet a	ADDRESS					
NAME STREET ADDRESS	ROSS, DAVID T 3887 SAILWIND	DR			DELETE DELETE	3.1 TITL 3.2 NAM 3.3 STA	LE ME REET A TY-ST	ADDRESS			□ Ch		Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROSS, DAVID T 3887 SAILWIND	DR				3.1 TITL 3.2 NAN 3.3 STAI 3.4. CIT	LE ME HEET A TY-ST LE	ADDRESS					
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i I do 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 fructed 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.

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