FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 20, 2000 8:00 am Secretary of State DOCUMENT # N3686/ Paradise Pointe of St. Petersburg Lot Owners Assoc., Inc. 05-20-2000 90007 017 ****61.25 Principal Place of Business Mailing Address 3550 Buschwood Park Dr. 3550 Buschwood Park Dr. <u>Suite 135</u> Suite 135 Tampa, FL 33618 Tampa, FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For *59-358387*8 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Pete Williams 3550 Buschwood Park Drive Street Address (P.O. Box Number is Not Acceptable) Saite 135 lampa, FL 33618 City Zip Code FL 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.26 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE $\rho_{,\mathfrak{d}}$ Delete TITLE KNUTH, GARY 14563 BrookRidgE BLUD. MAGGIO FRANK NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Brooksville, FL 34613 PINELLAS PARK FL 34666 TITE E Delete TITLE Addition HNUTH, JOANNE 14563 Brook RidgE BLUD. Helms, David 6699 90th AUE NAME NAME STREET ADDRESS 6699 STREET ADDRESS BrooksvillE FL 34613 Pinellas PATA CITY-ST-ZIP CITY-ST-ZIP F 34666 T, D TITLE Delete DALY, BrewDA 6699 9074 0 NAME KNUTH, NAOMA NAME 90th and STREET ADDRESS 14563 BrookringE STREET ADDRESS CITY-ST-7(P Brooks VILLE, EC 34613 CITY-ST-ZIP PINEURS PARK, FL 34666 TITLE Defete TITLE NAME NAME WILLIAMS, PETE 3550 Busahwood Prk or #135 TAMPA, FE 33418 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

(813)93J-8488