

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36861

1. Entity Name

PARADISE POINTE OF ST. PETERSBURG LOT OWNERS ASS

Principal Place of Business

3550 BUSCHWOOD PARK DRIVE
STE 135
TAMPA FL 33618

Mailing Address

3550 BUSCHWOOD PARK DRIVE
STE 135
TAMPA FL 33618

2. Principal Place of Business

PARADISE PTE CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. Petersburg, FL

City & State

Zip Country

33712

Country

Zip

Country

4. FEI Number

59-3583878

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, PETE
3550 BUSCHWOOD PARK DRIVE
STE 135
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME KNUTH, GARY R
STREET ADDRESS 14563 BROOKRIDGE BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE STD
NAME KNUTH, JOANNE
STREET ADDRESS 14563 BROOKRIDGE BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D
NAME KNUTH, NAOMA
STREET ADDRESS 14563 BROOKRIDGE BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~
NAME ~~MASSIO, FRANK~~
STREET ADDRESS ~~742 2nd Ave. South~~
CITY-ST-ZIP ~~ST. Petersburg, FL 33701~~

TITLE ~~STD~~
NAME ~~Daly, Brenda~~
STREET ADDRESS ~~742 2nd Ave. South~~
CITY-ST-ZIP ~~ST. Petersburg, FL 33701~~

TITLE ~~VP~~
NAME ~~Helms, David~~
STREET ADDRESS ~~742 2nd Ave. South~~
CITY-ST-ZIP ~~ST. Petersburg, FL 33701~~

TITLE T.D
NAME Roberto Garcia
STREET ADDRESS 7620 Paradise Point Circle, South
CITY-ST-ZIP St. Petersburg, FL 33711

TITLE S.D
NAME Scott Wood
STREET ADDRESS 7800 Sunshine Skyway Lane, South
CITY-ST-ZIP St. Petersburg, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0059703

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90038 020 ****61.25



DO NOT WRITE IN THIS SPACE