2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90414 032 ****61.25

0044644

DOCUMENT # N36861

1. Entity Name

PARADISE POINTE OF ST. PETERSBURG LOT OWNERS ASS OCIATION, INC.

Principal Place of Business	Mailing Address
PARADISE PTE CIRCLE SAINT PETERSBURG FL 33712	3550 BUSCHWOOD PARK DRIVE STE 135 TAMPA FL 33618

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	25400 US Hwy 19 N.
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 156
City & State	City & State Clearwater FL
Zip / Country	Zip / Country 33763 / Pinellas

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	7. Name and Address of New Registered Agent
WILLIAMS, PETE 3550 BUSCHWOOD PARK DRIVE STE 135 TAMPA FL 33618	Name: STEPHEN A KING Street Address (P.O. Box Number is Not Acceptable): 25400 US Hwy 19 N SUITE 156 City: CLEARWATER FL Zip Code: 33763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ STEPHEN A. KING 4/29/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAGGIO, FRANK 742 2ND AVENUE SOUTH SAINT PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, ROBERTO 7620 PRADISE POINTE CIRCLE SOUTH SAINT PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, ROBERTO 7640 PALADISE PT. CIR. S. ST PETERSBURG, FL 33711-4903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOOD, SCOTT 7300 SUNSHINE SKYWAY LANE SOUTH SAINT PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOOD, SCOTT 7670 PALADISE PT. CIR. S ST. PETERSBURG, FL 33711-4903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 Frank Maggio 4/29/03 727-797-7573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #