FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

PARADI	ISE VILLAGE TUWNHOMES	ASSUCIATION, INC.			
Principal Place	e of Business	Mailing Address			T LOBURGI, BUT BYCOL HUBBL HIRE HARRO INIT OLDER GIBLI BYDLL OLDER GIBLI BYDLL BYDLL BYDLL BYDLL BYDLL BYDLL BYDLL
8351 BLIND PASS RD ST PETERSBURG BEACH FL 33706		5901 SUN BLVD SUITE 203 ST PETERSBURG FL 33715-1194			3. Date incorporated or Qualified 3a. Date of Last Report
		US			12/07/1990 32. Date of Last 49501
2. Principal Pl 21	lace of Business	2a. Mailing Address			4. FEI Number Applied For 59-307 1355 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Cartificate of Status Desired Status Resired Status Desired
City & State		City & State			, Fee Required
23		28 28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip Country		Zip Country		lry	8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent		30		Florida Statutes Yes No 10, Name and Address of New Registered Agent
	A' parties alle transaction at Anna	it tipfingana vifoti-	- 6	31 Name	
	N, WILLIAM		8	32 Street	et Address (P.O. Box Number is Not Acceptable)
5901 SUN BLVD SUITE 203 ST PETERSBURG BEACH FL 33715		83		33	, , , , , , , , , , , , , , , , , , ,
01.2.2.	Hoperial partors called to		ē	4 City	pag 85 Zip Code .
44 Duraugati	** ** - provinces of Sections 517.050	20 d 617 1508 Florida Stat		1 1	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered age	ent and title if applicable. (NO ID DIRECTORS		oent signatur	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	STD OFFICERS AN	DELETE	13.	E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	KUBICK, RICHARD	_	1.2 NAM		
STREET ADDRESS	5901 SUN BLVD 203		1.3 STRE	EET ADDRESS	s
CITY-ST-ZIP	ST PETERSBURG FL			r-ST-ZIP	
TITLE	D DETER	☐ DELETE	2.1 TITLI		Change Addition
NAME	MAVROMICHALS, PETER		2.2 NAM		
STREET ADDRESS	5901 SUN BLVD SUITE 203 ST PETERSBURG FL			EET ADDRESS	3
CITY-ST-ZIP TITLE	PD	DELETE	2. 4 CIT 3.1 TITLE	Y-ST-ZIP E	Change Addition
NAME	MCALDUFF, BILL		3.2 NAM		
STREET ADDRESS	5901 SUN BLVD SUITE 203			EET ADDRESS	s
CITY - S1 - ZIP	ST PETERSBURG FL			Y-ST-ZIP	
TITLE		DELETE	4.1 TITLI	E .	Change Addition
NAME	 		4. 2 NAN	√ E	
STREET ADDRESS			4.3 STRE	eet address	s
CITY-ST-ZIP		- Act Fre		-ST-ZIP	
TITLE		DELETE	5.1 TITLE	-	☐ Change ☐ Addition
NAME .			5.2 NAM		;
STREET ADDRESS				EET ADDRESS	\$
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLI	(-ST-ZIP	Change Addition
NAME			6.2 NAM		Visings
STREET ADDRESS				al Eet address	
CHTY-ST-ZIP		Λ		7-ST-ZIP	
44 Lalabarah	by certify that the information supplie	d with this filing does not gue	alife the the a	venue din'n	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
Information I am an of appears in	n indicated on this annual report of a fficer or director on the corporation or n Block 12 or Block 13 if charged—a	supplemental annual report is the receiver or ruster emport on an attachment of a an all	krup and ac wared to ex dayess.	egute this	I stated in Section (19.07(5)(f), Florida Statutes. I former cernly intal the not that my signature shall have the same legal effect as if made under oath; that s report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE

Daytime Phone # 0051118

FILED

May 29 1997 8:00am

Secretary of State