

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N41123**

1. Entity Name

PARADISE VILLAGE TOWNHOMES ASSOCIATION, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90129 018 ****61.25

Principal Place of Business	Mailing Address
5901 SUN BLVD SUITE 203 ST PETERSBURG BEACH FL 33706 US	5901 SUN BLVD SUITE 203 ST PETERSBURG FL 33715-1161 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3071355	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, WILLIAM
5901 SUN BLVD SUITE 203
ST PETERSBURG BEACH FL 33715

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 William C. Newton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/00

**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	SD	<input type="checkbox"/> Delete
NAME	KUBICK, MAUREEN	
STREET ADDRESS	462 SANDY HOOK RD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARSON, DONALD	
STREET ADDRESS	424 SANDY HOOK RD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	FD	<input checked="" type="checkbox"/> Delete
NAME	GRACE, GILBERT	
STREET ADDRESS	472 SANDY HOOK RD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maureen Kubick	
STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Carson	
STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill McAlduff	
STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *William C. Newton* **23 FEB 00** **727 327 5775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)