

8/14/01

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-14-2001 90003 044 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41123

1. Entity Name

PARADISE VILLAGE TOWNHOMES ASSOCIATION, INC.

(Handwritten mark)

Principal Place of Business
5901 SUN BLVD
SUITE 203
ST PETERSBURG BEACH FL 33706
US

Mailing Address
5901 SUN BLVD
SUITE 203
ST PETERSBURG FL 33715
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Condominium Associates
Suite, Apt. #, etc.
3001 EXECUTIVE DR. #260

Mailing Address
Condominium Associates
Suite, Apt. #, etc.
3001 EXECUTIVE DR. #260

City & State
Clearwater, FL
Zip Country

City & State
Clearwater, FL
Zip Country

4. FEI Number **59-3071355**

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

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

Name
~~CONDOMINIUM ASSOCIATES~~
Street Address (P.O. Box Number is Not Acceptable)
3001 EXECUTIVE DR. #260
City *CLEARWATER* FL Zip Code

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 *By Craig D. Caldwell, VICE PRESIDENT*
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$81.25
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
NAME **KUBICK, MAUREEN**
STREET ADDRESS **5901 SUN BLVD #203**
CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **VP** Change Addition
NAME **MAVROMIETHIS, PETER**
STREET ADDRESS **46A SANDY HOOK ROAD**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **TD** Delete
NAME **CARSON, DONALD**
STREET ADDRESS **5901 SUN BLVD #203**
CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **S/D** Change Addition
NAME **KUBICK, RICHARD**
STREET ADDRESS **462 SANDY HOOK ROAD**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **PD** Delete
NAME **MCALDUFF, BILL**
STREET ADDRESS **5901 SUN BLVD #203**
CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

TITLE **PD** Change Addition
NAME **MCALDUFF, BILL**
STREET ADDRESS **440 SANDY HOOK ROAD**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Change Addition
NAME **CARSON, DON**
STREET ADDRESS **424 SANDY HOOK ROAD**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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)(j), 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 #

CR2ER37 (5/01)