

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90314 018 ****61.25

DOCUMENT # N41123
 1. Entity Name
PARADISE VILLAGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE, # 260
CLEARWATER, FL 34622 US

Mailing Address
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE, # 260
CLEARWATER, FL 34622 US

50044083



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3071355

Applied For
 Not Applicable

Zip Country Zip Country

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	
CONDOMINIUM ASSOCIATES, INC. 3001 EXECUTIVE DRIVE #260 CLEARWATER, FL 33762		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUBICK, MAUREEN			NAME	<i>White, Jim</i>		
STREET ADDRESS	462 SANDY HOOK ROAD			STREET ADDRESS	<i>442 Sandy Hook Rd.</i>		
CITY-ST-ZIP	TREASURE ISLAND, FL 33706			CITY-ST-ZIP	<i>Treasure Island, FL 33706</i>		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARSON, DONALD			NAME			
STREET ADDRESS	424 SANDY HOOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND, FL 33706			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCALDUFF, BILL			NAME			
STREET ADDRESS	440 SANDY ROCK ROAD			STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND, FL 33706			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* **13 APRIL 05 7273275775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WR MCALDUFF, President