

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90228 033 \*\*\*\*61.25

0047321

**DOCUMENT # N41123**

1. Entity Name  
**PARADISE VILLAGE TOWNHOMES ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>CONDOMINIUM ASSOCIATES<br/>3001 EXECUTIVE DRIVE, # 260<br/>CLEARWATER FL 34622<br/>US</b> | Mailing Address<br><b>CONDOMINIUM ASSOCIATES<br/>3001 EXECUTIVE DRIVE, # 260<br/>CLEARWATER FL 34622<br/>US</b> |
|---|---|



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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 <b>59-3071355</b> | 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**

**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)

**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          | <b>TD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>KUBICK, MAUREN</b>           |                                 |
| STREET ADDRESS | <b>462 SANDY HOOK ROAD</b>      |                                 |
| CITY-ST-ZIP    | <b>TREASURE ISLAND FL 33706</b> |                                 |
| TITLE          | <b>VPD</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CARSON, DONALD</b>           |                                 |
| STREET ADDRESS | <b>424 SANDY HOOK ROAD</b>      |                                 |
| CITY-ST-ZIP    | <b>TREASURE ISLAND FL 33706</b> |                                 |
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>MCALDUFF, BILL</b>           |                                 |
| STREET ADDRESS | <b>440 SANDY ROCK ROAD</b>      |                                 |
| CITY-ST-ZIP    | <b>TREASURE ISLAND FL 33706</b> |                                 |
| 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    |                                 |                                 |

|                |   |
|----------------|---|
| 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 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 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: *[Signature]* **4-21-03 727 327 5175**

CR2E037 (10/02)