FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 12 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41757

1. Corporation Name

PARADISE PINES HOMEOWNERS ASSOCIATION, INC.

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94247 · 90058 · 5

Principal Place of Business
633 SOUTH FEDERAL HIGHWAY
EIGHTH FLOOR
FORT LAUDERDALE FL 33301

Mailing Address
PO BOX 02 9010
FORT LAUDERDALE FL 33302-9010

[redacted]

2. Principal Place of Business	2a. Mailing Address
21 *10941 NW 9TH CT.*	26 *10941 NW 9TH CT*
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State *PLANTATION, FL*	28 City & State *PLANTATION, FL*
24 Zip *33324* 25 Country *US*	29 Zip *33324* 30 Country *US*

3. Date Incorporated or Qualified: 01/23/1991
4. FEI Number: 65-0745289 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MATTEL, HARVEY K
633 SOUTH FEDERAL HIGHWAY
EIGHTH FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	*P V P* ☐ Change ☒ Addition
NAME	SCHMIDT, MARK L	1.2 NAME	*LOUDRIEL, ETHAN*
STREET ADDRESS	633 SOUTH FEDERAL HIGHWAY	1.3 STREET ADDRESS	*6625 MIAMI LAKES DR. EAST, SUITE 200*
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	*MIAMI LAKES, FL 33014*
TITLE	DVP ☒ DELETE	2.1 TITLE	*V D V* ☐ Change ☒ Addition
NAME	SCHMIDT, CELIA	2.2 NAME	*GREENSTEIN, LEESA*
STREET ADDRESS	633 SOUTH FEDERAL HIGHWAY	2.3 STREET ADDRESS	*4338 NW 103 AVE.*
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	*SUNRISE, FL 33351*
TITLE	D ☒ DELETE	3.1 TITLE	*T D T* ☐ Change ☒ Addition
NAME	JOHNSON, AHIZA	3.2 NAME	*MCKERCHIE, K-LYNN*
STREET ADDRESS	12040 SW 21ST COURT	3.3 STREET ADDRESS	*3623 CITRUS TRACE*
CITY-ST-ZIP	~~DAVIE FL 33325~~	3.4 CITY-ST-ZIP	*DAVIE, FL 33328*
TITLE	☐ DELETE	4.1 TITLE	*S D S* ☐ Change ☒ Addition
NAME		4.2 NAME	*CHICCONE, MICHAEL*
STREET ADDRESS		4.3 STREET ADDRESS	*1739B UNIVERSITY DR.*
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*PLANTATION, FL 33322*
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	02-22-1999 90056 005 ***61.25
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	*3-16-99*
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — *1/13/99* — *(954) 791-0133*

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E037 (11/98)