FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:10

DOCUMENT # N93000003395 (1)

1. Corporation Name

PAULSON DRIVE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18380 PAULSON DR. PORT CHARLOTTE FL 33948	~~18380 PAULSON DR.~~ ~~PORT CHARLOTTE FL 33948~~ 24166 YACHT CLUB BLVD. PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 07/21/1994
4. FEI Number: 65-0449566 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GROSSMAN, CATHIE
24166 YACHT CLUB BLVD.
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cathie Grossman — 4/27/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GROSSMAN, CATHIE PRESIDENT 24166 YACHT CLUB BLVD. PUNTA GORDA FL 33950	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ ~~GROSSMAN, ALBERT~~ ~~24166 YACHT CLUB BLVD.~~ ~~PUNTA GORDA FL 33955~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT WOLFF, DARLENE DIRECTOR AND TREASURER 2123 HANSEN ST. PORT CHARLOTTE FL 33952	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition WOLFF, DARLEEN
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIANE P. WOLFF DIRECTOR 2813 CABARET ST. PORT CHARLOTTE, FL, 33948	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition WOLFF, DIANE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition REMITTED BY MAY 1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Cathie Grossman — 4/27/95 — 639 02 47
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0062143