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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N94000003634 (2)

1. Corporation Name
PARAGON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4401 NORTH A-1-A FORT PIERCE FL 34949	4401 NORTH A-1-A FORT PIERCE FL 34949

3. Date Incorporated or Qualified: 07/21/1994

4. FEI Number: 65-0607671 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4400 N. A-1-A, FT. PIERCE	26 4400 N. A-1-A
Suite, Apt. #, etc. 22 FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28 FT. PIERCE, FL
Zip / Country 24 34949 / 25 ST. LUCIE	Zip / Country 29 34949 / 30 ST. LUCIE

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUSSELL, SHERI 4401 N. A-1-A FORT PIERCE FL 34949	81 Name JOHN FIELDEN 82 Street Address (P.O. Box Number is Not Acceptable) 4400 NORTH A1A 83 ~~#~~ #301 84 City FORT PIERCE FL 85 Zip Code 34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: John Fielden, President — 4/25/98
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	SD RUSSELL, SHERI 3971 N. A1A FT PIERCE FL 34949	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JOHN FIELDEN 4400 N. A1A, #301 FT. PIERCE, FL. 34949	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COYNE, CLAUDIA G 4949 NORTH A1A, UNIT #62 FORT PIERCE FL 34949	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	GEORGE GIRARDI, VPD 400 N. A1A #401 FT. PIERCE, FL. 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MACDOUGALL, ROSE SOUTH 25TH STREET FORT PIERCE FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	WALTER SKLAR, VPD 400 N. A1A, #1001 FT. PIERCE, FL., 34949	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, BOB 3971 N. A1A FORT PIERCE FL 34949	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JULIUS, RICHARD 4400 N. A1A #802 FT PIERCE FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: [illegible] REQUIRED John S Fielden 3/24/98 561-464-9469