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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000003634**

1. Corporation Name
PARAGON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4400 N. A-1-A FT PIERCE FL 34949 US	4400 N. A-1-A FT PIERCE FL 34949 US

2. Principal Place of Business
21 4400 North AIA
Suite, Apt. #, etc.
22 Fort Pierce Fl
City & State
23 34949
Zip 24 Country 25

2a. Mailing Address
26 4400 North AIA
Suite, Apt. #, etc.
27
City & State
28 Fort Pierce Fl
Zip 29 34949 Country 30 USA

3. Date Incorporated or Qualifed
07/21/1994

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

5. Certifcate 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

FIELDEN, JOHN
4400 NORTH A1A
#301
FORT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name Richard Moore
82 Street Address (P.O. Box Number is Not Acceptable) 4400 North A1A
83
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 [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	FIELD, JOHN		1.2 NAME	Richard Moore	
STREET ADDRESS	4400 N. A1A, #301		1.3 STREET ADDRESS	4400 N A1A #502	
CITY-ST-ZIP	FT PIERCE FL 34949		1.4 CITY-ST-ZIP	Ft Pierce Fl 34949	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIRARDI, GEORGE		2.2 NAME		
STREET ADDRESS	400 N. A1A, #401		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34949		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SKLAR, WALTER		3.2 NAME		
STREET ADDRESS	400 N. A1A, #1001		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34949		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	Jennie Colucci	
STREET ADDRESS			4.3 STREET ADDRESS	4400 No AIA #1202	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	John Gale	
STREET ADDRESS			5.3 STREET ADDRESS	4400 N. AIA # 201	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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~~ [signature] 2/25/99 561-595-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #