

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001619 (4)

1. Corporation Name

PARADISE PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4530 COMMERCIAL WAY
SUITE 5
SPRING HILL FL 34606

Mailing Address

4530 COMMERCIAL WAY
SUITE 5
SPRING HILL FL 34606



3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

4. FEI Number

59-3315842

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 8179 Omaha Circle

Suite, Apt. #, etc.

2a. Mailing Address

26 8179 Omaha Circle

Suite, Apt. #, etc.

22 City & State

23 Spring Hill Fla.

24 34606

Country

25 Heenando

27 City & State

28 Spring Hill Fla.

29 34606

Country

30 Heenando

9. Name and Address of Current Registered Agent

EATON, ROBERT D
4530 COMMERCIAL WAY
SUITE 5
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name

SAM DARANY

82 Street Address (P.O. Box Number is Not Acceptable)

8179 Omaha Circle

83

84 City

Spring Hill

FL

85 Zip Code

34606

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

Sam Darany

6-14-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EATON, ROBERT D
STREET ADDRESS 4530 COMMERCIAL WAY, SUITE 5
CITY-ST-ZIP SPRING HILL FL 34606

☒ DELETE

TITLE VD
NAME ELLIOTT, MARY C
STREET ADDRESS 4530 COMMERCIAL WAY, SUITE 5
CITY-ST-ZIP SPRING HILL FL 34606

☒ DELETE

TITLE STD
NAME URGO, JEFFREY S
STREET ADDRESS 4530 COMMERCIAL WAY, SUITE 5
CITY-ST-ZIP SPRING HILL FL 34606

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President P/D. ☒ Change ☐ Addition

1.2 NAME Sam Darany

1.3 STREET ADDRESS 8179 Omaha Circle

1.4 CITY-ST-ZIP Spring Hill, FL 34606

2.1 TITLE V.P. P/D. ☒ Change ☐ Addition

2.2 NAME Thomas Laughlin

2.3 STREET ADDRESS 8185 Omaha Circle

2.4 CITY-ST-ZIP Spring Hill FL 34606

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME Linda Crauen

3.3 STREET ADDRESS 8181 Omaha Circle

3.4 CITY-ST-ZIP Spring Hill, FL 34606

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

Sam Darany 6/14/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)