

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000001619

1. Entity Name
PARADISE PLACE CONDOMINIUM ASSOCIATION, INC.



FILED

2005 OCT -7 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8183 OMAHA CIRCLE
SPRING HILL, FL 34606**

Mailing Address
**8183 OMAHA CIRCLE
SPRING HILL, FL 34606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042005 REIN-NP

CR2E099 (6/04)

4. FEI Number
59-3315842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIALKE, ROBERT
8179 OMAHA CIRCLE
SPRING HILL, FL 34608**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert C. Mielke

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

(NOTE: Registered Agent signature required when reinstating)

10/24/05

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CARVEN, LINDA J ☒ Delete
8183 OMAHA CIR.
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CRAVEN, LINDA J ☒ Change ☐ Addition
8183 OMAHA CIR
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MIELKE, ROBERT C ☐ Delete
8179 OMAHA CIRCLE
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600060364576
10/07/05--01057--005 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHNIDER, ERIC ☒ Delete
8185 OMAHA CIR
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jacqueline L. Studer ☐ Change ☒ Addition
8185 Omaha Cir
Spring Hill, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERGERSON, ROBERT ☐ Delete
8183 OMAHA CIRCLE
SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert C. Mielke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/05

Date

727-547-5950

Daytime Phone #

10/24/05