
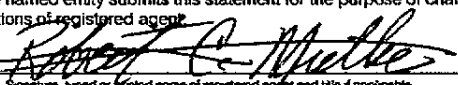



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

| | | |
|--|--|---|
| DOCUMENT # N95000001619 | |  |
| 1. Entity Name PARADISE PLACE CONDOMINIUM ASSOCIATION, INC. | | |
| Principal Place of Business 8183 OMAHA CIRCLE SPRING HILL, FL 34606 | Mailing Address 8183 OMAHA CIRCLE SPRING HILL, FL 34606 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MIELKE MIELKE, ROBERT 8179 OMAHA CIRCLE SPRING HILL, FL 34608 | | |
| DO NOT WRITE IN THIS SPACE | | |
| 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:  (NOTE: Registered Agent signature required when reappointing) DATE: 01/06/06 | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CRAVEN, LINDA J 8183 OMAHA CIR. SPRING HILL, FL 34606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MIELKE, ROBERT C 8179 OMAHA CIRCLE SPRING HILL, FL 34606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STUDER, JACQUELINE L 8185 OMAHA CIR SPRING HILL, FL 34606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGERSON, ROBERT 8183 OMAHA CIRCLE SPRING HILL, FL 34606 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) | | 01/06/06 Date 777-5802-3929 Daytime Phone # |



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3315842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

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01/12/06-80013-017 61.25

**DO NOT WRITE
IN THIS SPACE**