

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90082 023 ****61.25

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**

00004120

2. Principal Place of Business

8183 OMAHA CIR

3. Mailing Address

8183 OMAHA CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

Zip

Country

34606 USA

Zip

Country

34606 USA

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

**CROCCHIOLO, PETER
8183 OMAHA CIRCLE
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

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

Peter Crocchiolo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **STD** ☐ Delete
NAME **CRACCHIOLO, PETER**
STREET ADDRESS **8183 OMAHA CIR.**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Peter Crocchiolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)