

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

page 1 of 2

SEP 12 PM 12:00

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



DOCUMENT # **N95000003246 (4)**
1. Corporation Name
PARADISE OAKS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
2802 PARADISE LAKES ROAD **2802 PARADISE LAKES ROAD**
CHIPLEY FL 32428 **CHIPLEY FL 32428**

3. Date Incorporated or Qualified **07/03/1995** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Zip		
24	25		
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

MOORE, ALAN H
RTE. 3, BOX 1342
PANAMA CITY FL 32409

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ALAN H	1.2 NAME	
STREET ADDRESS	RTE. 3, BOX 1342	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32409	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, A C	2.2 NAME	
STREET ADDRESS	3189 PIONEER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL 32462	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, WAYNE	3.2 NAME	S/T/D
STREET ADDRESS	2802 PARADISE LAKES ROAD	3.3 STREET ADDRESS	TOM L. PARNELL
CITY-ST-ZIP	CHIPLEY FL 32428	3.4 CITY-ST-ZIP	NEW JERUSALEM RD.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VERNON, FL 32462
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.02(3)(b), 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: **A. C. Moore** **A. C. Moore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

Daytime Phone #

Page 2 of 2

Sept. 24, 1996

Division of Corporations

P.O. Box 6327

Attn: Amy Alan

Tallahassee, FL 32314-6327

RE: PARADISE OAKS PROPERTY OWNERS
ASSOCIATION INC. # 95000003246(4)

Dear Mrs. Alan,

Pursuant to our phone conversation today, find enclosed a signed copy of the annual report for Paradise Oaks Property Owners Assn. Inc. filed with your office on April 23, 1996 and fee paid by attached check copy.

As we discussed by phone we apparently did not receive any correspondence from your office after the report was filed on April 23, 1996.

Thank you for promptly reinstating this corporation as we agreed by phone.

Sincerely
A-C. Moore