

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90084 027 \*\*\*\*70.00

0072204

**DOCUMENT # N95000004732**

1. Corporation Name

**PARADISE PLAZA LAND CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

34650 U.S. HWY. 19  
SUITE 307  
PALM HARBOR FL 34684

34650 U.S. HWY. 19  
SUITE 307  
PALM HARBOR FL 34684



2. Principal Place of Business  
21 33920 U.S. HWY 19

2a. Mailing Address  
26 33920 U.S. HWY 19

3. Date Incorporated or Qualified  
10/06/1995

Suite, Apt. #, etc.  
22 Suite 351

Suite, Apt. #, etc.  
27 Suite 351

4. FEI Number  
59-3343251

City & State  
23 Palm Harbor, Florida

City & State  
28 Palm Harbor, Florida

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

Zip Country  
24 34684 25 USA

Zip Country  
29 34684 30 USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STROSS, HOWARD C  
34650 U.S. HWY. 19  
SUITE 307  
PALM HARBOR FL 34684

81 Name  
Stross, Howard C  
82 Street Address (P.O. Box Number is Not Acceptable)  
33920 U.S. Hwy 19, Suite 351  
83  
84 City  
Palm Harbor FL 85 Zip Code  
34684

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  
NAME PLESKO, E J  
STREET ADDRESS 6515 GRAND TETON PLAZA SUITE 210  
CITY-ST-ZIP MADISON WI 53719

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE STD  
NAME TRIMBLE, TIMOTHY  
STREET ADDRESS 6515 GRAND TETON PLAZA SUITE 210  
CITY-ST-ZIP MADISON WI 53719

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME HUSMAN, DAVID  
STREET ADDRESS 6515 GRAND TETON PLAZA SUITE 210  
CITY-ST-ZIP MADISON WI 53719

3.1 TITLE  
32 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
52 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
62 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director

E. J. Plesko, President 3/8/99 (608) 833-7600

Date

Daytime Phone #

CR2E037 (1/98)