

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # N95000004732****1. Entity Name**
PARADISE PLAZA LAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
33920 US HWY 19 SUITE 351 PALM HARBOR FL 34684	33920 US HWY 19 SUITE 351 PALM HARBOR FL 34684

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3343251Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTROSS HOWARD C
33920 US HWY 19
STE 351
PALM HARBOR FL 34684**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.****SIGNATURE HOWARD C. STROSS****04/09/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D <input type="checkbox"/> Delete
NAME	HUSMAN DAVID
STREET ADDRESS	6515 GRAND TETON PLAZA SUITE 210
CITY-ST-ZIP	MADISON WI 53719
TITLE	STD <input type="checkbox"/> Delete
NAME	TRIMBLE TIMOTHY
STREET ADDRESS	6515 GRAND TETON PLAZA SUITE 210
CITY-ST-ZIP	MADISON WI 53719
TITLE	PD <input type="checkbox"/> Delete
NAME	PLESKO E J
STREET ADDRESS	6515 GRAND TETON PLAZA SUITE 210
CITY-ST-ZIP	MADISON WI 53719
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSMAN DAVID
STREET ADDRESS	6515 GRAND TETON PLAZA SUITE 300
CITY-ST-ZIP	MADISON WI 53719
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMBLE TIMOTHY
STREET ADDRESS	6515 GRAND TETON PLAZA SUITE 300
CITY-ST-ZIP	MADISON WI 53719
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLESKO E J
STREET ADDRESS	6515 GRAND TETON PLAZA SUITE 300
CITY-ST-ZIP	MADISON WI 53719
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: E.J. PLESKO PD 04/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)