FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600003446 (9)

PARADISE LACROSSE CAMP, INC.

Principal Place of Business	Mailing Address					
1886 NW 111 WAY CORAL SPRINGS FL 33071	1666 NW 111 WAY CORAL SPRINGS FL 33071					
,						

FILED Mar 11 1998 8:00am Secretary of State



Applied For

Not Applicable

3. Date incorporated or Qualified

65-0709909

06/26/1996 4. FEI Number

21 Principal Place of Business 22 Mailing			ing Address					5. Certificate of Status Desired Sectional Fee Regulred			
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be		
22							Trust Fund Contribution				
City & State City & State				7. Is this nonprofit corporation a homeowners association?							
28						☐ Yes 💹 No					
Zip		Country	Zip	Zip Cour			 This corporation owes or has paid the current year Intangible 				
24 25 29 30					30	Personal Property Tax due June 30, Yes No					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
						81 Name					
GRUSHKA, DONALD					f	82 Street Address (P.O. Box Number is Not Acceptable)					
1668 NW 111 WAY					Į.						
CORAL SPRINGS FL 33071					- }	83					
					<u> </u>	84 City 85 Zip Code					
			****						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				Ager	nt signature	required	when reinstating) DATE		
12.		OFFICERS AND DIRECTORS 13.									
TITLE	VP	•••		1.1 111				Change Addition			
NAME	1114 100 1 02 1111				1.2 NA	· ···· }					
STREET ADORESS	100 11111			1.3 STF	REET	ADDRESS					
CITY-ST-ZIP				_	1.4 CITY - ST - ZIP						
TITLE		STD DELETE 2.1		2.1 TIT	LE			☐ Change ☐ Addition			
NAME				2.2 NA	ME						
STREET ADDRESS				2.3 ST	STREET ADDRESS			1 ** · · · · · · · · ·			
CITY-ST-ZIP		SPRINGS FL 33071			2. 4 CI	_	T-ZIP	<i>,</i> ,,			
TITLE	PD			DELETE	3.1 111		J	Plo	INKETT JANGT Addition		
NAME		t contribution and the contribution of the con		3.2 NA	3.2 NAME		96	PLUNKETT JANGT Schange Addition 9606 NW 28 PLACE CORAL SPRINGS, FL 33065			
STREET ADDRESS				3.3 STR	3.3 STREET ADDRESS		15	ON COMMEC EL 33065			
CITY-ST-ZIP	CORAL	SPRINGS FL 33065			3.4. CIT	Y-S1	T-ZIP	101	RAIL SPATINGS, I'L SOLES		
TITLE				☐ DELETE	4.1 TIT	LE			☐ Change ☐ Addition		
NAME					4.2 NA	ME	1		}		
STREET ADDRESS					4.3 STP	REET #	ADORESS				
CITY-ST-ZIP					4.4 CIT	Y-ST	- ZIP				
TITLE				DELETE	5.1 TITL	LE			☐ Change ☐ Addition		
NAME					5.2 NA	ME	Į		\mathcal{A}		
STREET ADDRESS					5.3 STR	REET A	ADDRESS		~//\S//\\		
CITY-ST-ZIP					5.4 CIT	Y-\$T	- ZIP				
TITLE				DELETE	6.1 TITE	E			☐ Change ☐ Addition		
NAME					6.2 NAM	ME			300002454673 -03/12/9801017003		
STREET ADDRESS					6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP					6.4 CIT	Y-ST	- ZIP		***61.25		
14. I hereby o	ertify that the	information supplied with	this filing d	oes not qualify fo	r the exer	mpti	on state	d in Se	ection 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 changes, or on an attachment with an address.

SIGNATURE:

3/6/98 305 883-4130