03101999-90132-034-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 APR 14 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005526

1. Corporation Name
PARADISE PLACE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
3838 S FLORIDA AVE STE #2 LAKELAND FL 33813 US	3838 S FLORIDA AVE STE #2 LAKELAND FL 33813 US

[redacted]

2. Principal Place of Business
21 7409 Paradise Cove Place.
22 Suite, Apt. #, etc.
23 Lakeland, FL.
24 Zip 33810 25 Country POLK

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified
10/25/1996

4. FEI Number
NOT APPLICABLE
☐ Applied For
☒ Not Applicable

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

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

9. Name and Address of Current Registered Agent

ADAMS, D. JOEL
3838 S FLORIDA AVE
STE #2
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name Kenneth Karn
82 Street Address (P.O. Box Number is Not Acceptable) 7409 Paradise Cove Place
83
84 City Lakeland FL 85 Zip Code 33810

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 Kenneth K. Karn PRESIDENT 3-27-99
(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	☒ DELETE	1.1 TITLE	President PD	☒ Change ☐ Addition
NAME	ADAMS, D. JOEL		1.2 NAME	Kenneth Karn	
STREET ADDRESS	3838 S FLORIDA AVE, STE #2		1.3 STREET ADDRESS	7409 Paradise Cove Place	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, FL. 33810	
TITLE	VPD	☒ DELETE	2.1 TITLE	Treasurer STD	☒ Change ☐ Addition
NAME	ADAMS, ROBERT J		2.2 NAME	Kim Earl	
STREET ADDRESS	3838 S FLORIDA AVE, STE #2		2.3 STREET ADDRESS	7339 Paradise Cove Place	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	STD	☒ DELETE	3.1 TITLE	VICE-PRESIDENT VPD	☒ Change ☐ Addition
NAME	WILLIAMS, LINDA		3.2 NAME	ERIC WAGNER	
STREET ADDRESS	3838 S FLORIDA AVE, STE #2		3.3 STREET ADDRESS	7315 PARADISE COVE PLACE	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND, FL. 33810	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Kenneth K. Karn SIGNATURE REQUIRED 3/1/99 (941) 815-0848
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #
KENNETH E. KARN PRESIDENT