

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005526

1. Entity Name

PARADISE PLACE HOMEOWNERS ASSOCIATION INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90017 046 ****70.00

Principal Place of Business

7409 PARADISE COVE PLACE
 LAKELAND FL 33810
 US

Mailing Address

3838 S. FLORIDA AVENUE
 SUITE 2
 LAKELAND FL 32813

2. Principal Place of Business

7408 PARADISE COVE PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKELAND FLORIDA

City & State

Zip

Country

33810

USA

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARNS, KENNETH
 7409 PARADISE COVE PLACE
 LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

HYDER, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

7408 PARADISE COVE PLACE

City

LAKELAND

FL

Zip Code

33810

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KARNS, KENNETH	
STREET ADDRESS	7409 PARADISE COVE PLACE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	EARL, KIM	
STREET ADDRESS	7339 PARADISE COVE PLACE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, ERIC	
STREET ADDRESS	7315 PARADISE COVE PLACE	
CITY-ST-ZIP	LAKELAND FL 33810	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDER, THOMAS	
STREET ADDRESS	7408 PARADISE COVE	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Morris	
STREET ADDRESS	7433 Paradise Cove Place	
CITY-ST-ZIP	LaheLand, FL 33810	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, RANA	
STREET ADDRESS	7315 PARADISE COVE PL.	
CITY-ST-ZIP	LAKELAND, FL 33810	
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/00

Date

863-816-2235

Daytime Phone #

CR2E037 (5/00)