

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90057 027 \*\*\*\*61.25

NOT FOR PROFIT

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



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

**DOCUMENT # N98000000354**

1. Corporation Name

PALM PARADISE HOME OWNERS ASSOCIATION CORP.

Principal Place of Business

C/O MILLARD CUMMINGS  
 7945 N US HWY 1, LOT 42  
 VERO BEACH FL 32967

Mailing Address

C/O MILLARD CUMMINGS  
 7945 N US HWY 1, LOT 42  
 VERO BEACH FL 32967



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0809059

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

CUMMINGS, MILLARD  
 7945 N US HWY 1, LOT 42  
 VERO BEACH FL 32967

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE  
 NAME D Rodney Van Dusen  
 STREET ADDRESS W.S. 1 N 7945  
 CITY-ST-ZIP Vero, Beach, FL 32967

TITLE ☐ DELETE  
 NAME D Martin Schnipper  
 STREET ADDRESS W.S. 1 N 7945  
 CITY-ST-ZIP Vero Beach FL 32967

TITLE ☐ DELETE  
 NAME D Millard Cummings  
 STREET ADDRESS W.S. 1 N 7945  
 CITY-ST-ZIP Vero, Beach FL 32967

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
 1.2 NAME MILLARD Cummings #  
 1.3 STREET ADDRESS 7945 N. U.S. Hwy 1, Lot 42  
 1.4 CITY-ST-ZIP VERO BEACH, FL 32967

2.1 TITLE VP ☒ Change ☐ Addition  
 2.2 NAME RODNEY VANDUSEN  
 2.3 STREET ADDRESS 7945 N. U.S. Hwy 1, Lot #  
 2.4 CITY-ST-ZIP VERO BEACH, FL 32967

3.1 TITLE T ☒ Change ☐ Addition  
 3.2 NAME MARTIN Schnipper  
 3.3 STREET ADDRESS 7945 N. U.S. Hwy 1, Lot #  
 3.4 CITY-ST-ZIP VERO BEACH, FL 32967

4.1 TITLE S ☒ Change ☐ Addition  
 4.2 NAME DON HAKE  
 4.3 STREET ADDRESS 7945 N. U.S. Hwy 1, Lot #  
 4.4 CITY-ST-ZIP VERO BEACH, FL 32967

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 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  
 MILLARD CUMMINGS

2/21/99 561-589-1213  
 Daytime Phone