

DOCUMENT # N98000006158

1. Entity Name

PARADISE ISLANDS OF MONROE COUNTY, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90101 015 ****61.25

Principal Place of Business

Mailing Address

25000 OVERSEAS HWY
SUMMERLAND KEY FL

C/O GERALD W PLETAN. ESO.
P O BOX 420008
SUMMERLAND KEY FL 33042-0008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLETAN, GERALD W
25000 OVERSEAS HWY
SUMMERLAND KEY FL

Name

Gerald W Adorns

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

25000 Overseas Hwy

City

Summerland Key FL

Zip Code

33082

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/00

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME REECE, ROBERT E
STREET ADDRESS 3688 TREASURE ISLAND ST
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SHEPHARD, JUDY A
STREET ADDRESS 29438 SARATOGA AVE
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CAMERON, JAMES D
STREET ADDRESS 1561 NARCISSUS
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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] JAMES D CAMERON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

305-872-2590

Daytime Phone #

CR2E037 (9/99)