

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017229

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** PARADISE POINT MOBILE HOME PARK, INC.

**Current Principal Place of Business:**

99 SEASIDE AVE  
#3  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

99 SEASIDE AVE  
#3  
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number:** 65-0381681      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROSE, FRANKLIN L TREAS.  
99 SEASIDE AVE  
#3  
KEY LARGO, FL 33037 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZOLOT, SYLVIA S  
Address: 99 SEASIDE AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: VP  
Name: ROSE, LORRAINE F  
Address: 99 SEASIDE AVE.  
City-St-Zip: KEY LARGO, FL 33037

Title: DIR  
Name: BRADSHAW, CATHERINE  
Address: 99 SEASIDE AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: T  
Name: ROSE, FRANKLIN L  
Address: 99 SEASIDE AVE., #3  
City-St-Zip: KEY LARGO, FL 33037

Title: DIR  
Name: NITZ, STANLEY  
Address: 99 SEASIDE AVENUE  
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANKLIN L. ROSE

TREA

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date