

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740565

1. Entity Name

PARADISE VILLAGE HOMEOWNERS ASSOCIATION INC.

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

09-05-2000 90038 034 ****61.25

Principal Place of Business

12850 ST RD 84
 #26-11
 FT LAUDERDALE FL 33325

Mailing Address

12850 ST RD 84
 #26-11
 FT LAUDERDALE FL 33325

UUU03407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1812030

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

BLOCK, CLARIE
 12850 SR 84 #1412
~~26 JASMINE LANE~~
 FT. LAUDERDALE FL 33325

Name **BLOCK, CLAIRE**
 Street Address (P.O. Box Number is Not Acceptable)
12850 SR 84 # 5-13
34 EVERGREEN LANE
 City **FT LAUDERDALE** **FL** Zip Code **33325**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTCZAK, MARILYN	
STREET ADDRESS	38 BANYAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLOCK, CLAIRE	
STREET ADDRESS	26 JASMINE LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLINE, THERESA	
STREET ADDRESS	31 GARDENIA LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VIGER, AILLIAN	
STREET ADDRESS	26 HOLLY LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, CLAIRE	
STREET ADDRESS	34 EVERGREEN LANE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
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 *Clarie Block*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/2000

Date

(954) 384 3464

Daytime Phone #

CR2E037 (5/00)