

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90019 023 \*\*\*\*61.25

**DOCUMENT # 740565**

1. Entity Name

**PARADISE VILLAGE HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

12850 ST RD 84  
~~#26-11~~ #5-13  
 FT LAUDERDALE FL 33325

12850 ST RD 84  
~~#26-11~~ #5-13  
 FT LAUDERDALE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1812030**

Applied For

Not Applicable

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

*Plz change spelling + address*  
**BLOCK, CLARIE CLAIRÉ**  
**12850 SR 84 (#1412) #5-13**  
**26 JASMINE LANE 34 EVERGREEN LANE**  
**FT. LAUDERDALE FL 33325**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Claire Block*

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

(NOTE: Registered Agent signature required when reinstating)

9/2/02  
 DATE

**After September 13, 2002,  
 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	<del>26 JASMINE LANE</del>	
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 checked="" type="checkbox"/> Delete
NAME	<del>VIGER, AILLIAN</del>	
STREET ADDRESS	<del>26 HOLLY LANE</del>	
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	← address only
CITY-ST-ZIP	FT. Lauderdale, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, Rae	
STREET ADDRESS	36 IVY 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		

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: *SIG Claire Block*

9/2/02 (954) 472 2900

CR2E037 (4/02)