


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003456**

1. Entity Name  
**PARADISE VILLAGE ON THE IMPERIAL RIVER HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 9650 WEST TERRY STREET BONITA SPRINGS, FL 34135	Mailing Address 9650 WEST TERRY STREET BONITA SPRINGS, FL 34135
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01212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-7190975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHILDS, DONALD G  
 983 N. COLLIER BOULEVARD  
 MARCO ISLAND, FL 34145

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELAPA, ANTHONY F 66 OAK STREET BOX 244 WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DELAPA, JOSEPH A 25 ROCKLAND STREET W. ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OLAH, EDWARD L POST OFFICE BOX 551 NAPLES, FL 34106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000012775  
 01/26/04-80024-011 70.00

**DO NOT WRITE IN THIS SPACE**

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 Edward L. Olah Edward L. Olah 1-21-04 239-774-2112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #