


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90128 010 ****61.25

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**

2. Principal Place of Business
9411 Cypress Lake Dr
 Suite, Apt. #, etc. **Suite 2**


3. Mailing Address
9411 Cypress Lake Dr
 Suite, Apt. #, etc. **Suite 2**

City & State **Fort Myers, FL**

City & State **Fort Myers, FL**

Zip **33919** Country **US**

Zip **33919** Country **US**



04142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-7190975

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Bob Gelles**

Street Address (P.O. Box Number is Not Acceptable)
9411 Cypress Lake Drive
Suite 2

City **Fort Myers, FL** Zip Code **33919**

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 *Robert E. Gelles* *Robert E. Gelles* **4-25-05**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
 Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELAPA, ANTHONY F 66 OAK STREET BOX 244 WESTWOOD, MA 02090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Hens 27111 Flamingo Dr Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELAPA, JOSEPH A 25 ROCKLAND STREET W. ROXBURY, MA 02132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Al Donato 27091 Flamingo Drive Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OLAH, EDWARD L POST OFFICE BOX 551 NAPLES, FL 34106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tom Hens* **Tom Hens** **4-18-05** **239** **481-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #