
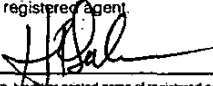
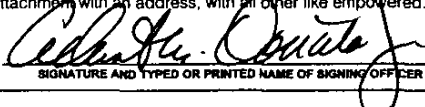


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90128 021 ****61.25

DOCUMENT # N00000003456					
1. Entity Name PARADISE VILLAGE ON THE IMPERIAL RIVER HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DR, STE 2 FORT MYERS, FL 33919		Mailing Address 9411 CYPRESS LAKE DR, STE 2 FORT MYERS, FL 33919			
2. Principal Place of Business KMA COMPANY		3. Mailing Address KMA COMPANY			
Suite, Apt. #, etc. 9844 LUNA CIR, D103		Suite, Apt. #, etc. PO Box 111802			
City & State NAPLES, FL.		City & State NAPLES FL.			
Zip 34109		Country USA		4. FEI Number 59-7190975	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent GELLES, BOB 9411 CYPRESS LAKE DRIVE FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name: Herb Solomon Street Address (P.O. Box Number is Not Acceptable): 9844 LUNA CIR. D103 City: NAPLES FL Zip Code: 34109			
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD HENS, TOM	<input checked="" type="checkbox"/> Delete	TITLE	STD BENOLKIN, JANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	27111 FLAMINGO DR		NAME	27100 FLAMINGO DR.	
STREET ADDRESS	BONITA SPRINGS, FL 34135		STREET ADDRESS	BONITA SPRINGS, FL. 34135	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD DONATO, AL	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27091 FLAMINGO DRIVE		NAME		
STREET ADDRESS	BONITA SPRINGS, FL 34135		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	STD OLAH, EDWARD L	<input checked="" type="checkbox"/> Delete	TITLE	VD WILSON, LINDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POST OFFICE BOX 551		NAME	27140 FLAMINGO DR.	
STREET ADDRESS	NAPLES, FL 34106		STREET ADDRESS	BONITA SPRINGS, FL. 34135	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without other like empowered.					
SIGNATURE: 		Date: 3/4/06		Daytime Phone #: 239-790-0747	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					