

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 25, 2009
Secretary of State**

DOCUMENT# N00000003456

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

Current Principal Place of Business:

KMA COMPANY
9844 LUNA CIRCLE, D-103
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

KMA COMPANY
P.O. BOX 111802
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-7190975 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOLOMON, HERB
9844 LUNA CIRCLR
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENS, TOM
Address: 2711 FLAMINGO DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: YANEZ, MARIO
Address: 27081 FLAMINGO DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: CARNAGO, JIM
Address: 27051 FLAMINGO DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: AST () Delete
Name: SOLOMON, HERB
Address: P.O. BOX 111802
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB SOLOMON

AST

03/25/2009

Electronic Signature of Signing Officer or Director

Date