2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005468

1. Entity Name
PARADISE WOODS ASSOCIATION OF HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 366879 BONITA SPRINGS, FL 34136	P.O. BOX 366879 BONITA SPRINGS, FL 34136

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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
58-2674962
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DILLON, RONALD C
24880 BURNT PINE DR STE 8
BONITA SPRINGS, FL 34134

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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 _____
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EVANS, ROY
STREET ADDRESS	P.O. BOX 366879
CITY-ST-ZIP	BONITA SPRINGS, FL 34136
TITLE	VD
NAME	DILLON, RONALD C
STREET ADDRESS	P.O. BOX 366879
CITY-ST-ZIP	BONITA SPRINGS, FL 34136
TITLE	STD
NAME	WELTY, RODNEY
STREET ADDRESS	P.O. BOX 366879
CITY-ST-ZIP	BONITA SPRINGS, FL 34136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80004-015 61.25

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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: Rodney Welty Secretary 1/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #