

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # N05000010876

1. Entity Name
VIA PARADISUS PROPERTY OWNERS' ASSOCIATION,
INC.



Principal Place of Business
10935 SE 177TH PLACE NO 305
SUMMERFIELD, FL 34491

Mailing Address
10935 SE 177TH PLACE NO 305
SUMMERFIELD, FL 34491



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4989594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANE, GLENN E
10935 SE 177TH PLACE NO 305
SUMMERFIELD, FL 34491

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LANE, GLENN
STREET ADDRESS	10935 SE 177TH PLACE NO 305
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	DS
NAME	REYES, HEATHER
STREET ADDRESS	10935 SE 177TH PLACE NO 305
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	HAINES, TIM
STREET ADDRESS	125 NE 1ST AVENUE STE 1
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000792049
01/23/08-80101-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn E Lane
President

Date

Daytime Phone #

1/11/08 352.245.5090