

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43050** (6)

1. Corporation Name

PARAISO COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% THE QUORUM GROUP, INC.
23257 S.R. 7, SUITE 202
BOCA RATON FL 33428
US

% THE QUORUM GROUP, INC.
23257 S.R. 7, SUITE 202
BOCA RATON FL 33428
US

3. Date Incorporated or Qualified

04/19/1991

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

21 C/O PRIME MANAGEMENT

2a. Mailing Address

26 C/O PRIME MANAGEMENT

4. FEI Number

65-0320384

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 6300 PARK OF COMMERCE BLVD 6300 PK OF COMM BLVD

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip Country

Zip Country

24 33487 25 USA

29 33487 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ANNA, RONALD E
MATTLIN & MCCLOSKEY
2300 GLADES ROAD, SUITE 400 EAST
BOCA RATON FL 33431

81 Name
SWATT, MYRON, I.
82 Street Address (P.O. Box Number is Not Acceptable)
6300 PARK OF COMMERCE BLVD
83
84 City
BOCA RATON FL 85 Zip Code
33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGERMAN, HELEN	
STREET ADDRESS	10241 FANFARE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANDOLFI, MICHAEL	
STREET ADDRESS	10236 ALLEGRO DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MASILOTTI, SANDRA	
STREET ADDRESS	22261 FESTIVAL WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTS, KAREN	
STREET ADDRESS	10315 ALLEGRO DR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	800001833798
43 STREET ADDRESS	-05/22/96--01017--010
44 CITY-ST-ZIP	***61.25
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	PSD
53 STREET ADDRESS	MATTLIN, JOHN
54 CITY-ST-ZIP	10309 ALLEGRO DRIVE BOCA RATON, FL 33428
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	VPD
63 STREET ADDRESS	CAVENAS, GEORGE
64 CITY-ST-ZIP	10183 ALLEGRO DRIVE BOCA RATON, FL 33428

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen R. Roberts

4/17/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

5-20-96
[Signature]