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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N43050**

1. Corporation Name

PARAISO COMMUNITY ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MANAGEMENT
 6300 PARK OF COMMERCE BOULEVARD
 BOCA RATON FL 33487
 US

Mailing Address

C/O PRIME MANAGEMENT
 6300 PARK OF COMMERCE BOULEVARD
 BOCA RATON FL 33487
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/19/1991

22 City & State

27 City & State

4. FEI Number
 65-0320384

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON I
 6300 PARK OF COMMERCE BOULEVARD
 BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DELETE
 NAME TD
 STREET ADDRESS ROBERTS, KAREN
 CITY-ST-ZIP 10315 ALLEGRO DRIVE BOCA RATON FL 33428

1.1 TITLE Change Addition
 1.2 NAME TD
 1.3 STREET ADDRESS THOMPSON, SCOTT
 1.4 CITY-ST-ZIP 10081 FAHARE DRIVE BOCA RATON FL 33428

TITLE DELETE
 NAME PD
 STREET ADDRESS MATTLIN, JOHN
 CITY-ST-ZIP 10309 ALLEGRO DRIVE BOCA RATON FL 33428

2.1 TITLE Change Addition
 2.2 NAME D
 2.3 STREET ADDRESS HINDQUIST, JERRY
 2.4 CITY-ST-ZIP 80320 OVERTURE CIRCLE BOCA RATON FL 33428

TITLE DELETE
 NAME VPD
 STREET ADDRESS CAVENAS, GEORGE
 CITY-ST-ZIP 10183 ALLEGRO DRIVE BOCA RATON FL 33428

3.1 TITLE Change Addition
 3.2 NAME PD
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME D
 STREET ADDRESS OLANO, STEVE
 CITY-ST-ZIP 10212 ALLEGRO DR BOCA RATON FL 33428

4.1 TITLE Change Addition
 4.2 NAME VPD
 4.3 STREET ADDRESS OLANO, STEVE
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME SD
 STREET ADDRESS SALERNO, JUDY
 CITY-ST-ZIP 22352 OVERTURE BOCA RATON FL 33428

5.1 TITLE Change Addition
 5.2 NAME Same
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99
 Date

561-989-5080
 Daytime Phone #

CR2E037-(11/98)