

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43675 (0)
1. Corporation Name
PARADISE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 6005 DEEN STILL ROAD LAKELAND FL 33809	Mailing Address 6005 DEEN STILL ROAD LAKELAND FL 33809
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
	P.O. Box 91960 LAKELAND FLORIDA 33804 USA

9. Name and Address of Current Registered Agent
**EVANS, WILLIAM E. JR.
341 WEST DAVIDSON STREET
SUITE 301
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1991	3a. Date of Last Report 04/12/1994
4. FEI Number 59-3127591	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the filer, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, WILLIAM E. JR. 341 WEST DAVIDSON ST.301 BARTOW FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Robert E. Crowder III P.O. Box 91960 NA LAKELAND FL 33804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CROWDER, EVELYN 8100 E. CAMELBACK ROAD SCOTTSDALE AZ	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD CROWDER, ROBERT E. JR. 8100 E. CAMELBACK ROAD SCOTTSDALE AZ	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition 500001466365 -04/27/95--01039--010 ****560.00 ****130.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Crowder Jr. **4-9-95** **602-946-9036**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
ROBERT E. CROWDER JR.
Date Signature/Name #