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 # **N43675** **(0)**

1. Corporation Name

PARADISE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
6005 DEEN STILL ROAD
LAKELAND FL 33809

Mailing Address
P.O. BOX 91960
LAKELAND FL 33804

3. Date Incorporated or Qualified: 05/29/1991

3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 5863 BAMBI COURT
Suite, Apt. #, etc.
22
City & State
23 LAKELAND, FL,
Zip
24 33809
Country
25 POLK

2a. Mailing Address
26 5863 BAMBI COURT
Suite, Apt. #, etc.
27
City & State
28 LAKELAND, FL,
Zip
29 33809
Country
30 POLK

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

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

9. Name and Address of Current Registered Agent

EVANS, WILLIAM E. JR.
341 WEST DAVIDSON STREET
SUITE 301
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name: ROBERT E. CROWDER III
82 Street Address (P.O. Box Number is Not Acceptable): 5863 BAMBI COURT
83
84 City: LAKELAND FL 85 Zip Code: 33809

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: Robert E. Crowder III — 1/28/96
(Signature of Section 617.0503 Registered Agent and Title if Applicable) (Date) (Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CROWDER, ROBERT E.	
STREET ADDRESS	P.O. BOX 91960 N/A	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	STD	☒ DELETE
NAME	CROWDER, EVELYN	
STREET ADDRESS	8100 E. CAMELBACK ROAD	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	PVD	☐ DELETE
NAME	CROWDER, ROBERT E. JR.	
STREET ADDRESS	8100 E. CAMELBACK ROAD	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5863 BAMBI COURT	
1.4 CITY-ST-ZIP	LAKELAND, FL. 33809	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 617, 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 III — Robert E. Crowder III — 1/23/96 — (941) 853-7937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)