2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N43675** Jul 25, 2000 8:00 am Secretary of State 1. Entity Name PARADISE ESTATES HOMEOWNERS ASSOCIATION, INC. 07-25-2000 90103 022 ****61.25 Principal Place of Business Mailing Address 5863 BAMBI CT. 5863 BAMBICT. LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3127591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Number is Not Acceptable) CROWDER, III R 5863 BAMBI CT. SUITE 301 BARTOW FL 33809 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 SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete ☐ Addition Change TITLE TITLE CROWDER, ROBERT E. NAME NAME P.O. BOX 91960 N/A STREET ADDRESS STREET ADDRESS LAKELAND FL 33804 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition STD TITLE ☐ Delete TITLE Change CROWDER, ROBERT E., III NAME NAME STREET ADDRESS 5863 BAMBI CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL Delete ☐ Change **Addition** TITLE TITLE CROWDER, ROBERT E. JR. NAME NAME 8100 E. CAMELBACK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 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

SIGNATURE: