2003 NOT-FOR-PROFIT CORPORATION

Mailing Address

5509 LAPOINT DR

LAKELAND FL 33809

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N43675 PARADISE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Country

Suite, Apt. #, etc.

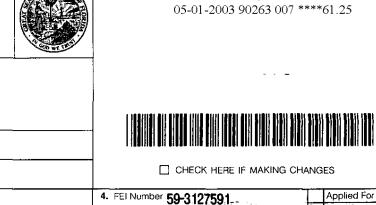
City & State

Zip

5509 LAPOINT DR

LAKELAND FL 33809





5. Certificate of Status Desired

Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROWDER, III R Street Address (P.O. Box Number is Not Acceptable) 5509 LA POINTE DR LAKELAND FL 33809 City Zip Code

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61,25 \$5.00 May Be П Florida Department of State Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PTD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CROWDER, ROBERT E.	·	NAME				
STREET ADDRESS	5509 LAPOINT DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP				
TITLE	VSD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CROWDER, MARY K _		NAME				
STREET ADDRESS	5509 LAPOINT DRIVE	Trus	STREET ADDRESS		» سيستجي سنري	•	
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP				
TITLE	D	Delete	TITLE	1)		Change	Addition .
NAME	CROWDER, ROBERT E IV	2	NAME	CROWDER BRE	TT	_ •	
STREET ADDRESS	5323 RAY PLACE		STREET ADDRESS	HANG STAFF	ashire Dr.		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	CROWDER BRE 4248 STAFfor Lakeland Fl.	73809		
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TITLE .		 Delete	TITLE			☐ Change	Addition
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STREET ADDRESS							
STREET AUDITESS			STREET ADDRESS				- {

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Not Applicable

\$8.75 Additional