FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AUTHORIZED AND FILED

DOCUMENT # **N50893** **(9)**

1. Corporation Name

PARADISE LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4 RUE DE NEUCHATEL CH2034 PESEUX SWITZERLAND ~~U3~~ REMOVE	4 RUE DE NEUCHATEL CH2034 PESEUX SWITZERLAND ~~U6~~ REMOVE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3123179** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOVIS, GEORGE E 481 EAST HWY 50 P.O. DRAWER 120848 CLERMONT FL 34712-0848	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/C	☒ Change ☐ Addition
NAME	CATTARUZZA, BRUNO	12 NAME	CATTARUZZA, BRUNO, MR.	
STREET ADDRESS	4, RUE DE NEUCHATEL	13 STREET ADDRESS	4, RUE DE NEUCHATEL	
CITY-ST-ZIP	2034 PESEUX/NEUCHATEL SW	14 CITY-ST-ZIP	CH2034 PESEUX/NE SWITZERLAND	
TITLE	SD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	WILLIS, IAN S.	22 NAME	CATTARUZZA, CLAUDETTE, MRS.	
STREET ADDRESS	MAISON POMMIER, SARK	23 STREET ADDRESS	4, RUE DE NEUCHATEL	
CITY-ST-ZIP	CHANNEL ISLAND	24 CITY-ST-ZIP	CH2034 PESEUX/NE SWITZERLAND	
TITLE	TD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	WILLIS, LOIC J.	32 NAME	CATTARUZZA, JEAN-MARC, MR.	
STREET ADDRESS	MAISON POMMIER, SARK	33 STREET ADDRESS	4, RUE DE NEUCHATEL	
CITY-ST-ZIP	CHANNEL ISLAND	34 CITY-ST-ZIP	CH2034 PESEUX/NE SWITZERLAND	
TITLE	VD	41 TITLE	T/D	☒ Change ☒ Addition
NAME	CATTARUZZA, JEAN-MARC	42 NAME	CATTARUZZA, OSWALDO, MR.	
STREET ADDRESS	4, RUE DE NEUCHATEL	43 STREET ADDRESS	22, VIA S.FOCA SEDRANO DI SAN QUIRINO	
CITY-ST-ZIP	2034 PESEUX/NEUCHATEL SW	44 CITY-ST-ZIP	PROV. PORDENONE ITALY	
TITLE		51 TITLE	D	☒ Change ☒ Addition
NAME		52 NAME	CATTARUZZA, ARIANNA, MS.	
STREET ADDRESS		53 STREET ADDRESS	22, VIA S.FOCA SEDRANO DI SAN QUIRINO	
CITY-ST-ZIP		54 CITY-ST-ZIP	PROV. PORDENONE ITALY	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: BRUNO CATTARUZZA PRESIDENT AND CHAIRMAN OF THE BOARD **15 APRIL 1995** **011 (413) 825-1034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B093