


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

**4 RUE DE NEUCHATEL
CH2034 PESEUX SWITZERLAND
US**

3. Date Incorporated or Qualified

09/17/1992

4. FEI Number

59-3123179

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

City & State

23

27

Zip

Country

Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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. DRAWTÉR 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	CATTARUZZA, BRUNO
STREET ADDRESS	4, RUE DE NEUCHATEL
CITY-ST-ZIP	CH2034 PESEUX/NE SW
TITLE	VD <input type="checkbox"/> DELETE
NAME	CATTARUZZA, CLAUDETTE M
STREET ADDRESS	4, RUE DE NEUCHATEL
CITY-ST-ZIP	CH2034 PESEUX/NE SW
TITLE	TD <input type="checkbox"/> DELETE
NAME	CATTARUZZA, OSWALDO M
STREET ADDRESS	22, VIA S.FOCA SEDRANO DI SAN QUIRINO
CITY-ST-ZIP	PROV. PORDENONE IT
TITLE	SD <input type="checkbox"/> DELETE
NAME	CATTARUZZA, JEAN-MARC
STREET ADDRESS	4, RUE DE NEUCHATEL
CITY-ST-ZIP	CH2034 PESEUX/NE SW
TITLE	D <input type="checkbox"/> DELETE
NAME	CATTARUZZA, ARIANNA M
STREET ADDRESS	22, VIA S.FOCA SEDRANO DI SAN QUIRINO
CITY-ST-ZIP	PROV. PORDENONE IT
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APRIL 1998
011(413)
2725-1034

CR2E037 (5/98)