AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT ~~1998~~ 1999

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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90285 047 ****61.25

DOCUMENT # N50893 (9)

1. Corporation Name

PARADISE LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

[redacted]

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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. 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

HOVIS, GEORGE E
481 EAST HWY 50
P.O. DRAWTER 120848
CLERMONT FL 34712-0848

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	CATTARUZZA, BRUNO	
STREET ADDRESS	4, RUE DE NEUCHATEL	
CITY-ST-ZIP	CH2034 PESEUX/NE SW	
TITLE	VD	☐ DELETE
NAME	CATTARUZZA, CLAUDETTE M	
STREET ADDRESS	4, RUE DE NEUCHATEL	
CITY-ST-ZIP	CH2034 PESEUX/NE SW	
TITLE	TD	☐ DELETE
NAME	CATTARUZZA, OSWALDO M	
STREET ADDRESS	22, VIA S.FOCA SEDRANO DI SAN QUIRINO	
CITY-ST-ZIP	PROV. PORDENONE IT	
TITLE	SD	☐ DELETE
NAME	CATTARUZZA, JEAN-MARC	
STREET ADDRESS	4, RUE DE NEUCHATEL	
CITY-ST-ZIP	CH2034 PESEUZ/NE SW	
TITLE	D	☐ DELETE
NAME	CATTARUZZA, ARIANNA M	
STREET ADDRESS	22, VIA S.FOCA SEDRANO DI SAN QUIRINO	
CITY-ST-ZIP	PROV. PORDENONE IT	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE		☐ Change ☐ Ad
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Ad
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ A
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ A
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ A
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ A
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: B Cattar/ ~~26 APRIL 1998~~ 011 (41?) 2725-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B Cattar/ 13 APRIL 1999 011 (413) 2725-1034