

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91648 025 ****61.25

DOCUMENT # N50893

1. Entity Name

PARADISE LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4 RUE DE NEUCHATEL
 CH2034 PESEUX SWITZERLAND**

**4 RUE DE NEUCHATEL
 CH2034 PESEUX SWITZERLAND**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3123179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

GEORGE HOVIS

Street Address (P.O. Box Number is Not Acceptable)

841 EAST HWY 50

PO DRAWER 120848

City

CLERMONT

FL

Zip Code

34712-0848

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
PC
 NAME **CATTARUZZA, BRUNO**
 STREET ADDRESS **4, RUE DE NEUCHATEL**
 CITY-ST-ZIP **CH2034 PESEUX/NE SW**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
VD
 NAME **CATTARUZZA, CLAUDETTE M**
 STREET ADDRESS **4, RUE DE NEUCHATEL**
 CITY-ST-ZIP **CH2034 PESEUX/NE SW**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
TD
 NAME **CATTARUZZA, OSWALDO M**
 STREET ADDRESS **22, VIA S.FOCA SEDRANO DI SAN QUIRINO**
 CITY-ST-ZIP **PROV. PORDENONE IT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
SD
 NAME **CATTARUZZA, JEAN-MARC**
 STREET ADDRESS **4, RUE DE NEUCHATEL**
 CITY-ST-ZIP **CH2034 PESEUX/NE SW**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
D
 NAME **CATTARUZZA, ARIANNA M**
 STREET ADDRESS **22, VIA S.FOCA SEDRANO DI SAN QUIRINO**
 CITY-ST-ZIP **PROV. PORDENONE IT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

CATTARUZZA, BRUNO PRESIDENT AND CHAIRMAN OF THE BOARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 April 2002

CR2E037 (9/01)