

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003456

FILED
Apr 16, 2013
Secretary of State
CC7739393750

Entity Name: PARADISE VILLAGE ON THE IMPERIAL RIVER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

KMA COMPANY
7935 AIRPORT RD N, SUITE #200
NAPLES, FL 34109

Current Mailing Address:

KMA COMPANY
7935 AIRPORT RD N, SUITE #200
NAPLES, FL 34109

FEI Number: 59-7190975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLOMON, HERB
7935 AIRPORT RD N, SUITE #200
NAPLES, FL 34109 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HERY, GUY
Address 27170 FLAMINGO DR
City-State-Zip: BONITA SPRINGS FL 34134

Title VPD
Name ALBER, DENNIS
Address 27181 FLAMINGO DR
City-State-Zip: BONITA SPRINGS FL 34134

Title PD
Name MATTSON, PETE
Address 27171 FLAMINGO DR.
City-State-Zip: BONITA SPRINGS FL 34134

Title D
Name HENSON, JOE
Address 27130 FLAMINGO DR
City-State-Zip: BONITA SPRINGS FL 34134

Title D, TREASURER
Name WILSON, JIM
Address 27140 FLAMINGO DR
City-State-Zip: BONITA SPRINGS FL 34134

Title MANAGER / REGISTERED AGENT
Name SOLOMON, HERB
Address KMA COMPANY
7935 AIRPORT RD N, SUITE #200
City-State-Zip: NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HERB SOLOMON

MANAGER

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date