

Office of the Secretary of State

CERTIFICATE OF FILING OF

PARADISE ACRES IMPROVEMENT ASSOCIATION, SECTION I File Number: 74972301

The undersigned, as Secretary of State of Texas, hereby certifies that the Nonprofit Periodic Report for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 02/19/2013

Effective: 02/19/2013



J- Dun

John Steen Secretary of State

TID: 10307

Form 802 (Revised 08/12)

Submit in duplicate to: Secretary of State Reports Unit P.O. Box 12028 Austin, TX 78711-2028 Phone: (512) 475-2705 FAX: (512) 463-1423

FAX: (512) 463-1423
Dial: 7-1-1 for Relay Services
Filing Fee: See Instructions



Periodic Report of a Nonprofit Corporation

This space reserved for filing office use.

FILED
In the Office of the
Secretary of State of Texas

FEB 1 9 2013

Corporations Section

File Number:	74972301					
1. The name of	the corporation is: (A	name chanae	requires as amondum			
Paradise Acres	Improvement Associate	ion Section	requires un amenament; s v 1	ee Instructions)		•
	1	1011, 5000101				
2. It is incorpora	ted under the laws of	: (Set forth s	tate or foreign country)	Texas		
3. The name of	he registered agent is	:				
A. The regis	tered agent is a corpo	ration (can	not be entity named abo	we) hy the nam	e of:	
Glynis A. Sawyer	•		manied do	ve) by the nam	C 01.	
OR					· · · · · · · · · · · · · · · · · · ·	
☑ B. The regis	tered agent is an indiv	idual resid	dent of the state who	ice name ic:		
Glynis	A		Sawyer	ose manne is.		
First Name	M		Last Name			
4. The registered				_		Suffix
	office address, which building address; see Instruc	i is identica ctions)	al to the business ad	dress of the reg	gistered age	ent in Texas, is:
110 Lakeshore Sou	th		Onalask	a	TT-XX	77360
Street Address			City		TX State	Zip Code
	on is a foreign corpor ich it is incorporated	ration, the sis:	address of its princi	pal office in the	e state or co	ountry under
Street or Mailing Address		······································	City	State	Zip Code	Country
6. The names and	addresses of all direct (If additional space is need	ctors of the	corporation are: (A	A minimum of the		s is required.)
Darryl		J	Russell		r tiem (i.)	
First Name		MI	Last Name			Suffix
239 7th Ave			Onalaska	Tx	77360	USA
Street or Mailing Address			City	State	Zip Code	Country
Jason			Justice			
First Name		MI	Last Name			
204 5th Ave		1111	Onalaska	Partie of	****	Suffix
Street or Mailing Address			City	TX	77360	USA
D-1				State	Zip Code	Country
Robert		S	Knee			
First Name		MI	Last Name		· · · · · · · · · · · · · · · · · · ·	Suffix
24448 Deer Creek V	Vay		Montgomery	TX	77316	USA
Street or Mailing Address			City	State	Zip Code	Country

7. The names, addresses, and titles of all officers of the corporation are: (The offices of president and secretary must be filled, but both may not be held by the same officer.)

(If additional space is needed, include the information as an attachment to this form for item 7)

Richard	В	Carlton		-	Officer Title President
First Name	MI	Last Name		Suffix	1 Testuent
141 5th Ave		Onalaska	TX	77360	USA
Street or Mailing Address		City	State	Zip Code	Country

	· · · · · · · · · · · · · · · · · · ·				
Fleda		Key			Officer Title
First Name	MI	Last Name	· · · · · · · · · · · · · · · · · · ·		Secretary
6803 Hunters Way Lane		-		Suffix	
		Baytown	TX	77521	USA
Street or Mailing Address		City	State	Zip Code	Country
		City	State	Zip Code	Cor

Glynis	Α	Sawyer			Officer Title
First Name	MI				Treasurer
	IVII	Last Name		Suffix	
252 7th Ave		Onalaska	TX	77360	USA
Street or Mailing Address		City	State	Zip Code	Country

Execution:

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: $\frac{1/20/i3}{}$

Hems & Accorption Signature of authorized officer