FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 28 PM 7:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761742** **(6)**

1. Corporation Name
PADDOCK VILLAS HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3443 SW 18 PL OCALA FL 34474 US	3443 SW 18 PL OCALA FL 34474 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1982
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2246460 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PROTHRO, SCOTT P
3445 SW 18 PL
OCALA FL 33474

10. Name and Address of New Registered Agent

81 Name: JOHN V. BELLIOTTI
82 Street Address (P.O. Box Number is Not Acceptable): 3457 SW 18 PL
83
84 City: OCALA FL 85 Zip Code: 34474

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X John V Belliotti Pres. DATE: 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PROTHRO, SCOTT P	12 NAME	JOHN BELLIOTTI	
STREET ADDRESS	3445 SW 18 PL	13 STREET ADDRESS	3457 SW 18th Place	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	OCALA, FL 34474	
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	MCALISTER, WILLIAM C	22 NAME		
STREET ADDRESS	3442 SW 19 ST	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	BELLIOTTI, JOHN V	32 NAME	Clayton Henderson	
STREET ADDRESS	3457 SW 18 PL	33 STREET ADDRESS	3460 SW 18th Place	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	OCALA, FL 34474	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X John V Belliotti Pres. 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Corporate Records #)

004631