

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761742 (6)
1. Corporation Name
PADDOCK VILLAS HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business

3443 SW 18 PL
OCALA FL 34474
US

Mailing Address

3443 SW 18 PL
OCALA FL 34474
US

3. Date Incorporated or Qualified
02/04/1982

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELLIOTI, JOHN V
3457 S.W. 18TH PLACE
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name McALISTER, William C.
82 Street Address (P.O. Box Number is Not Acceptable)
3442 SW 19th STREET
83
84 City Ocala FL 85 Zip Code 34474

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 *William C. McAlister* PD William C. McAlister 3-3-96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELLIOTI, JOHN	
STREET ADDRESS	3457 S.W. 18TH PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MCALISTER, WILLIAM C	
STREET ADDRESS	3442 SW 19 ST	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HENDERSON, CLAYTON	
STREET ADDRESS	3460 S.W. 18TH PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCALISTER, WILLIAM C.	
1.3 STREET ADDRESS	3442 SW 19th STREET	
1.4 CITY-ST-ZIP	OCALA, FL 34474	
2.1 TITLE	VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MELVIN TAYLOR	
2.3 STREET ADDRESS	3442 SW 19th PLACE	
2.4 CITY-ST-ZIP	OCALA, FL 34474	
3.1 TITLE	3RD GAIL BROWN - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1902 SW 35th AVENUE	
3.4 CITY-ST-ZIP	OCALA, FL 34474	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *William C. McAlister*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96 352-873-0179
Date Daytime Phone #

CR2E037 (12/95)