

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90040 013 \*\*\*\*61.25

**DOCUMENT # 761742**

1. Entity 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****80046888**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2246460**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MC ALISTER, WILLIAM C  
3442 S.W. 19TH STREET  
OCALA FL 34474**

Name

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

City

**FL**

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	MC ALISTER, WILLIAM C	
STREET ADDRESS	3442 S.W. 19TH STREET	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lammers, Donald	
STREET ADDRESS	1916 SW 34th CT	
CITY-ST-ZIP	OCALA, FL 34474	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PILGRIM, ELLEN	
STREET ADDRESS	3463 SW 18TH PLACE	
CITY-ST-ZIP	OCALA FL 34474	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, GAIL	
STREET ADDRESS	1902 S.W. 35TH AVENUE	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunt, Delores	
STREET ADDRESS	1915 SW 35th Ave.	
CITY-ST-ZIP	OCALA, FL 34474	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROTHRO, SCOTT	
STREET ADDRESS	3445 SW 18TH PL	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denslow, Roger	
STREET ADDRESS	3455 SW 19th PL	
CITY-ST-ZIP	OCALA, FL 34474	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Signature and Typed or Printed Name of Signing Officer or Director**  
**ELLEN M. PILGRIM**

Date

Daytime Phone #

**03/08/02 352-873-4671**

CR2E037 (9/01)