## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#761742** 

FILED Jan 15, 2009 Secretary of State

Entity Name: PADDOCK VILLAS HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
25 E SILVER SPRGS BLVD OCALA, FL 34470 US				2123 SW 20TH PLACE OCALA, FL 34471 US		
Current N	COCALA, FL 34470 US  Current Mailing Address:  5 E SILVER SPRGS BLVD  COCALA, FL 34470 US  EI Number: 59-2246460 FEI Number Applied For ( )  Idame and Address of Current Registered Agent:  COSSHARDT PROPERTY MANAGEMENT, INC.  5 E SILVER SPRINGS BLVD  COCALA, FL 34470 US  The above named entity submits this statement for the pure the State of Florida.  GIGNATURE: GARRY GRIFFIN  Electronic Signature of Registered Agent		New Maili	New Mailing Address:		
25 E SILVER SPRGS BLVD OCALA, FL 34470 US			2123 SW 20TH PLACE OCALA, FL 34471 US			
FEI Number	r: 59-2246460	FEI Number Applied For()	FEI Number Not App	plicable ( ) Certificate of Status Desired ( )		
Name and	d Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:		
BOSSHARDT PROPERTY MANAGEMENT, INC. 25 E SILVER SPRINGS BLVD OCALA, FL 34470 US			2123 SW 2	BOSSHARDT PROPERTY MANAGEMENT, INC. 2123 SW 20TH PLACE OCALA, FL 34471 US		
		submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,		
SIGNATU	RE: GARRY	GRIFFIN		01/15/2009		
	Electror	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	S ( SZANTO, GLOI 1839 SW 34TH OCALA, FL 34	СТ	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TD ( GEARHART, SA 3454 SW 18TH OCALA, FL 34	I PL	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DEWALT, JANI 3450 SW 19TH	I ST	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P ( ) BOCKORAS, J 1915 SW 35TH OCALA, FL 34	AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( MOREKEN, MA 1823 SW 34TH OCALA, FL 34	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:		) Delete	Title: Name:	D ( ) Change (X) Addition O'BRIEN, NANCY		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDY GEARHART TD 01/15/2009