


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90016 038 ****61.25

DOCUMENT # 764053 1. Entity Name PADDLE CREEK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8765 LATEEN LANE FT MYERS, FL 33919 US	Mailing Address C/O BENSON'S 12650 WHITEHALL DR. FT. MYERS, FL 33907 US
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40040287



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02272007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-2303008	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 BENSON, MARK R. BENSON'S INC. 12650 WHITEHALL DR. FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name VANDALL, BONITA D Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL Zip Code 33907	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bonita D. Vandall **BONITA D. VANDALL** **3-5-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILLS, RUTH ANN 8765 LATEEN LN #104 FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAFT, GORDON 8795 LATEEN LANE #6-102 FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YONKERS, VERA 8765 LATEEN LN #4-203 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YONKERS, VERA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8765 LATEEN LN #4-203 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDLEY, VICTOR 8751 LATEEN LN #3-104 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTELS, KATHRYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8751 LATEEN LN #3-104 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNEIDER, JOSEPH 8765 LATEEN LN #104 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, JOSEPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8765 LATEEN LN #104 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

3-5-07