SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25)

98-99 AR

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
99 MAR 22 PM 12:20
SECRETARY OF STATE

DOCUMENT # 765440 (3)

1. Corporation Name
THE PADDOCKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2231 KARA CHASE SARASOTA FL 34240	2231 KARA CHASE SARASOTA FL 34240

3. Date Incorporated or Qualified: 10/19/1982
4. FEI Number: 65-0407809 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

LOMBARDO, ROBERT N
2231 KARA CHASE
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOMBARDO, BOB		1.2 NAME	
STREET ADDRESS	2231 KARA CHASE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FINNERTY, MARIANNE L		2.2 NAME	
STREET ADDRESS	2251 KARA CHASE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	3.1 TITLE	VD ☐ Change ☒ Addition
NAME	SMYTH, MIKE		3.2 NAME	COLES DEREK
STREET ADDRESS	2226 KARA CHASE		3.3 STREET ADDRESS	2210 KARA CHASE
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	PD	☒ DELETE	4.1 TITLE	VD ☐ Change ☒ Addition
NAME	FINNERTY, THOMAS G		4.2 NAME	SUE DEMOTT
STREET ADDRESS	2251 KARA CHASE		4.3 STREET ADDRESS	2246 KARA CHASE
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, LORI		5.2 NAME	
STREET ADDRESS	2226 KARA CHASE		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****122.50 ****122.50

14. 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 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: Robert Lombardo BOB LOMBARDO 7-23-98 941-377-3859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)