2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765440

1. Entity Name

THE PADDOCKS CONDOMINIUM ASSOCIATION, INC.

IIIL FAL	DOCKO OONDOMINIOM A	02-0	02-01-2000 90010 044 ****61.25					
Principal Plac	ce of Business	Mailing Address						
2231 KARA CHASE SARASOTA FL 34240		2231 KARA CHASE SARASOTA FL 34240-9631						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number		<u></u>	plied For	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Ad	dress of New Registe	red Agent		
LOMBARDO, ROBERT N 2231 KARA CHASE SARASOTA FL 34240			Street Add	dress (P.O. Box Number is		FL Zip Code	 Đ	
SIGNATURE	Signature, typed or printed name of registered ag FILE NOW: FEE IS \$61.25	ent and little if applicable. (NOTE 9. Election Campaigr Trust Fund Contrib	· -	\$5.00 May Be Added to Fees	Make Che	eck Payable to	<u> </u>	
10.	OFFICERS AND	I	11.	ADDITIONS/CHANG	GES TO OFFICERS ANI	D DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMBARDO, BOB 2231 KARA CHASE SARASOTA FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINNERTY, MARIANNE L 2251 KARA CHASE SARASOTA FL	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAn De 2246 Kar Surrost	Mott La Chare	Change	. 330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLES, DEREK 2210 KARA CHASE SARASOTA FL 34240	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timelselle 2240 Kan Sammer		⊠ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMOTT, SUE 2246 KARA CHASE SARASOTA FL 34240	▼ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Ku 2218 Kan Saraszar	of chase	Change	A 3 30 to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, LORI 2226 KARA CHASE SARASOTA FL	Delete		kec. Mike Smy	thachose	Change	Additio	
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	

12. I hereby certify that the information supplied with this filling 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 613. 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

FILED Feb 01, 2000 8:00 am Secretary of State