

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 765440

1. Entity Name
THE PADDOCKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2249 KARA CHASE
SARASOTA, FL 34240 US**

Mailing Address
**2249 KARA CHASE
SARASOTA, FL 34240 US**



03222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0407809

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

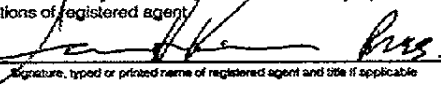
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6. Name and Address of Current Registered Agent

**KEEN, JAMES H
2249 KARA CHASE
SARASOTA, FL 34240**

**DO NOT WRITE
IN THIS SPACE**

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 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/4/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCGARVEY, DAVID
2214 KARA CHASE
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
ELLIS, THOM
2231 KARA CHASE
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
KEEN, JAMES
2249 KARA CHASE
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PAKRADOONIAN, FRAN
2210 KARA CHASE
SARASOTA, FL 34240**

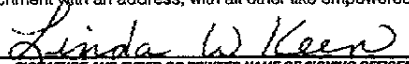
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
KEEN, LINDA
2249 KARA CHASE
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
FERGUSON, KIMBERLY
2210 KARA CHASE
SARASOTA, FL 34240**

1100000157633
05/06/04-80033-013 61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5/1/04 **941-378-1661**
Date Daytime Phone #