


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2007 90007 021 ****61.25

DOCUMENT # N00000004399					
1. Entity Name THE PADDOCKS OF MILLWOOD HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 154 CITRA, FL 32113			Mailing Address PO BOX 154 CITRA, FL 32113		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3721898	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional - Fee Required	
6. Name and Address of Current Registered Agent HAAG, DENNIS J 15964 NW 10TH CIRCLE CITRA, FL 32113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S LASH, KAREN 16451 NW 10TH CIR CITRA, FL 32113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	K KARLEN STEVEN D. 1150 N.W. 165th ST. CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEVLIN, PATRICK J 16050 NW 10TH CIR CITRA, FL 32113	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. KARLEN TINA 1150 N.W. 165th ST. CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, ROBERT 16022 NW 10TH CIR CITRA, FL 32113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HAAG, DENNIS J. 15964 N.W. 10th circle CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASH, WILLIAM 16451 NW 10TH CIR CITRA, FL 32113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VALLI, RAZZEL 15952 N.W. 10th Cir. CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINICK, ANN 15995 NW 10TH CIRCLE CITRA, FL 32113	<input checked="" 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	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: <i>Dennis J. Haag</i> DENNIS J. HAAG, Pres 3/20/07 352-425-8561					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					