

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004399

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** THE PADDOCKS OF MILLWOOD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 NW 161ST ST.  
CITRA, FL 32113

**New Principal Place of Business:**

16022 NW 10TH CIRCLE  
CITRA, FL 32113

**Current Mailing Address:**

1300 NW 161ST ST.  
CITRA, FL 32113

**New Mailing Address:**

16022 NW 10TH CIRCLE  
CITRA, FL 32113

**FEI Number:** 59-3721898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREER, ROBERT  
16022 NW 10TH CIRCLE  
CITRA, FL 32113 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: ROBERTS, NANCY  
Address: 1300 NW 161ST ST.  
City-St-Zip: CITRA, FL 32113

Title: T ( ) Delete  
Name: KARLEN, STEVEN S  
Address: 1150 N.W. 165TH STREET  
City-St-Zip: CITRA, FL 32113

Title: PD ( ) Delete  
Name: GREER, ROBERT  
Address: 16022 NW 10TH CIR  
City-St-Zip: CITRA, FL 32113

Title: D ( ) Delete  
Name: LASH, WILLIAM  
Address: 16451 NW 10TH CIR  
City-St-Zip: CITRA, FL 32113

Title: D ( ) Delete  
Name: KARLEN, TINA  
Address: 1150 N.W. 165TH STREET  
City-St-Zip: CITRA, FL 32113

Title: D ( ) Delete  
Name: DOMINICK, JIM  
Address: 15995 NW 10TH CIRCLE  
City-St-Zip: CITRA, FL 32113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: BODE, SUZANNE  
Address: 16351 NW 10TH COURT  
City-St-Zip: CITRA, FL 32113

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BODE, SUZANNE  
Address: 16351 NW 10TH COURT  
City-St-Zip: CITRA, FL 32113

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GREER

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date