

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0040047

DOCUMENT # N02000003013

1. Entity Name

PADDOCK PLACE HOME OWNERS ASSOCIATION, INC.



FILED

03 MAY -2 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

304 EAST PARK STREET
AUBURNDAL FL 33823

Mailing Address

304 EAST PARK STREET
AUBURNDAL FL 33823

2. Principal Place of Business

603 GIBSON RD. SOUTH

3. Mailing Address

603 GIBSON RD. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND FL.

City & State

LAKE LAND FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip

33813

Country

USA

Zip

33813

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, BARRY W
60 SECOND STREET SE
WINTER HAVEN FL 33880-6300

7. Name and Address of New Registered Agent

Name BRIAN L DEEMER
Street Address (P.O. Box Number is Not Acceptable)
603 GIBSON RD. S.
City LAKE LAND FL Zip Code 33813

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

BRIAN L. DEEMER

Brian L Deemer

4/29/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, JACK R	
STREET ADDRESS	304 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BALL, JOHN D	
STREET ADDRESS	4354 DIRKSHIRE LOOP	
CITY-ST-ZIP	LAKE LAND FL 33801	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIAN, CECIL B	
STREET ADDRESS	304 EAST PARK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BELL, MARION T JR.	
STREET ADDRESS	306 PILAKLAKAHA AVENUE #2	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN L. DEEMER	
STREET ADDRESS	603 GIBSON RD. S.	
CITY-ST-ZIP	LAKE LAND, FL. 33813	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRI KNOX	
STREET ADDRESS	120 ARBOR WAY	
CITY-ST-ZIP	AUBURNDAL, FL. 33823	
TITLE	SD-TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MOTT	
STREET ADDRESS	653 OLD BERKLEY RD.	
CITY-ST-ZIP	AUBURNDAL, FL. 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

BRIAN L. DEEMER *Brian L Deemer*

4/29/2003 863-602-0451

CR2E037 (10/02)