

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90001 020 ****61.25

DOCUMENT # N03000003081 1. Entity Name PADDOCK OAKS HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH COUNTY					
Principal Place of Business 3626 ERINDALE DRIVE VALRICO, FL 33594			Mailing Address 3626 ERINDALE DRIVE VALRICO, FL 33594		
2. Principal Place of Business 10110 PADDOCK OAKS DRIVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 642 Suite, Apt. #, etc.			
City & State RIVERVIEW, FL		City & State RIVERVIEW, FL		4. FEI Number 20-0634160	
Zip 33569	Country USA	Zip 33568-0642	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASBINI, ALI 3626 ERINDALE DRIVE VALRICO, FL 33594				7. Name and Address of New Registered Agent Name BRYAN DOLAN Street Address (P.O. Box Number is Not Acceptable) 10110 PADDOCK OAKS DRIVE City RIVERVIEW FL Zip Code 33569	
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 <u><i>Bryan Dolan</i></u> 3-3-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD APPLEYARD, ROBERT 3626 ERINDALE DRIVE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN DOLAN PO BOX 642 RIVERVIEW, FL 33568-0642	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEJMAN, DAVID 3626 ERINDALE DRIVE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOROTHY BOWERS PO BOX 642 RIVERVIEW, FL 33568-0642	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POPOVICH, GAIL 3626 ERINDALE DRIVE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JILL KNOWLES PO BOX 642 RIVERVIEW, FL 33568-0642	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	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	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: <u><i>Bryan Dolan</i></u>		BRYAN DOLAN		3-3-06	813-382-3276
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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