2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N03000003081

Entity Name: PADDOCK OAKS HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH COUNTY

Current Principal Place of Business:

10110 PADDOCK OAKS DR
RIVERVIEW, FL 33569

New Principal Place of Business:

10130 PADDOCK OAKS DR
RIVERVIEW, FL 33569

Current Mailing Address:

PO BOX 642
RIVERVIEW, FL 335680642

New Mailing Address:

FEI Number: 20-0634160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLAN, BRYAN
10110 PADDOCK OAKS DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

KNOWLES, JILL
10130 PADDOCK OAKS DR
RIVERVIEW, FL 33569 US

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: JILL M. KNOWLES 02/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DOLAN, BRYAN
Address: PO BOX 642
City-St-Zip: RIVERVIEW, FL 335680642

Title: VD ( ) Delete
Name: KELLEY, KIMBERLY
Address: PO BOX 642
City-St-Zip: RIVERVIEW, FL 335680642

Title: STD (X) Delete
Name: KNOWLES, JILL
Address: PO BOX 642
City-St-Zip: RIVERVIEW, FL 335680642

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: KNOWLES, JILL
Address: PO BOX 642
City-St-Zip: RIVERVIEW, FL 335680642

Title: VP (X) Change ( ) Addition
Name: ARTAL, JOEL
Address: PO BOX 642
City-St-Zip: RIVERVIEW, FL 335680642

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: JILL M. KNOWLES SEC 02/14/2009
Electronic Signature of Signing Officer or Director Date