2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000010538

FILED Sep 23, 2009 Secretary of State

Entity Name: VILLAS AT PADDOCK PARK HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3323 SW 38TH ST. OCALA, FL 34474 US **Current Mailing Address: New Mailing Address:** 3323 SW 38TH ST OCALA, FL 34474 US FEI Number: 59-3773353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANTONOVICH, JOHN 3840 SW 33RD TERRACE OCALA, FL 34474 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHARTIER, CAMILLE Name: Name: 3323 SW 38TH STREET Address: Address: City-St-Zip: OCALA, FL 34474 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: CHARTIER, DAVID Name: KARIM, SHARMIN Address: 3323 SW 38TH STREET Address: 3322 SW 39TH STREET City-St-Zip: OCALA, FL 34474 US City-St-Zip: OCALA, FL 34474 US Title: () Delete Title: SEC (X) Change () Addition CHARTIER, CAMILLE ANTONOVICH, JOHN Name: Name: 3323 SW 38TH STREET 3840 SW 33RD TERRACE Address: Address: City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34471 US Title: SEC (X) Delete Title: () Change () Addition Name: ANTONOVICH, JOHN Name: Address: 3840 SW 33RD TERRACE Address: City-St-Zip: OCALA, FL 34474 US 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: CAMILLE CHARTIER Ρ 09/23/2009