

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90031 010 ****61.25

DOCUMENT # N13625

1. Entity Name
PADDOCKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 4411
PLANT CITY, FL 33564-4411**

Mailing Address
**P.O. BOX 4411
PLANT CITY, FL 33564-4411**

40129510



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08062007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2642035

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARAMUS, TOM
C/O WLCA-1514 S. ALEXANDER ST., STE. 106
STE. 106
PLANT CITY, FL 33563**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BASSETT, CAROL
1603 STIRRUP COURT
PLANT CITY, FL 33566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SELLS, GEORGE
1805 STIRRUP CT.
PLANT CITY, FL 33566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TERRY, EVELYN
2606 BRIDLE DRIVE
PLANT CITY, FL 33566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BENTROVATO, JOE
1802 SAGEBRUSH ROAD
PLANT CITY, FL 33566** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CHAMBERLAIN, JENNIFER
1807 GOLFVIEW DR.
PLANT CITY, FL 33566** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAROL BASSETT
1603 STIRRUP CT.
PLANT CITY, FL 33566** ☐ Change ☒ 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: *Carol Bassett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-06 813-252-5889
Date Daytime Phone #