

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

1. Entity Name PADDOCKS HOMEOWNERS' ASSOCIATION, INC.		 40129510		
Principal Place of Business P.O. BOX 4411 PLANT CITY, FL 33564-4411		Mailing Address P.O. BOX 4411 PLANT CITY, FL 33564-4411		
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	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>				
Filing Fee is \$61.25 Due by September 14, 2007		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: P NAME: BASSETT, CAROL STREET ADDRESS: 1603 STIRRUP COURT CITY-ST-ZIP: PLANT CITY, FL 33566		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: SSELLS, GEORGE STREET ADDRESS: 1805 STIRRUP CT. CITY-ST-ZIP: PLANT CITY, FL 33566		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: TERRY, EVELYN STREET ADDRESS: 2606 BRIDLE DRIVE CITY-ST-ZIP: PLANT CITY, FL 33566		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BENTROVATO, JOE STREET ADDRESS: 1802 SAGEBRUSH ROAD CITY-ST-ZIP: PLANT CITY, FL 33566		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: CHAMBERLAIN, JENNIFER STREET ADDRESS: 1807 GOLFVIEW DR. CITY-ST-ZIP: PLANT CITY, FL 33566		<input checked="" 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	T CAROL BASSETT 1603 STIRRUP CT. PLANT CITY, FL 33566 <input type="checkbox"/> Change <input checked="" 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: <i>Carol A. Bassett</i>		7-13-06 813-252-6889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>		