

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38851

FILED
Mar 17, 2009
Secretary of State

Entity Name: PADDOCKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2406 ICECAPADE
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 50141
SARASOTA, FL 342320301 US

New Mailing Address:

FEI Number: 65-0384065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITCHET, TIMOTHY D.
2547 MAN OF WAR CIRCLE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CHARLES, THORPE
Address: 2622 MAN OF WAR CIR.
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: GOODFELLOW, LYNN
Address: 2406 ICECAPADE
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: REETZ, PHILIP
Address: 2565 MAN OF WAR CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: LITCHET, TIMOTHY
Address: 2547 MAN OF WAR CIR.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THORPE, CHARLES
Address: 2622 MAN OF WAR CIR.
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNN GOODFELLOW

TD

03/17/2009

Electronic Signature of Signing Officer or Director

Date