

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38851

**FILED**  
**Feb 23, 2010**  
**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:**

2406 ICECAPADE DRIVE  
SARASOTA, FL 34240 US

**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  
Name: THORPE, CHARLES  
Address: 2622 MAN OF WAR CIR.  
City-St-Zip: SARASOTA, FL 34240

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: N. LYNN GOODFELLOW

TD

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date