

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90171 035 ****61.25

DOCUMENT # N42962

1. Entity Name

PADRON'S WEST LINDEN ESTATES HOMEOWNER'S
ASSOCIATION, INC.



Principal Place of Business

369 LORENZO DR.
SPRING HILL FL 34609

Mailing Address

369 LORENZO DR.
SPRING HILL FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3345051

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, WILLIAM
369 LORENZO DR.
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

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 re-registering)

DATE

2/20/06'

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DICK CHRISTENSEN	
STREET ADDRESS	446 ROMINE CT.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHANDLER, WILLIAM	
STREET ADDRESS	369 LORENZO DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VINNY NAPOLI	
STREET ADDRESS	12020 SAPPHIRE DR.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	HECTOR ALFONSO	
STREET ADDRESS	12228 MANGO CT.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	WILLIAM WARE	
STREET ADDRESS	392 NESSLER WAY	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JACQUELYN LOMBARD	
STREET ADDRESS	445 ROMINE CT.	
CITY-ST-ZIP	SPRING HILL, FL 34609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE GALLO	
STREET ADDRESS	12053 JADE AVE	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA MOLINELLI	
STREET ADDRESS	12138 PADRON BLVD.	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHY WEISINPELO	
STREET ADDRESS	12088 SAPPHIRE DR.	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE	SECTY/TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN ZENA	
STREET ADDRESS	12061 SAPPHIRE DR.	
CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

2/20/06' (352)-684-1782