2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)*

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90104 026 ****61.25

DOCUMENT # N42962

1. Entity Name

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

Principal Place of Business	Mailing Address
369 LORENZO DR. SPRING HILL FL 34609	369 LORENZO DR. SPRING HILL FL 34609

1st MOORE CR2E037 (10/06)

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

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	7. Name and Address of New Registered Agent
CHANDLER, WILLIAM 369 LORENZO DR. SPRING HILL FL 34609	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

FILE NOW: FEE IS $61.25
Due By May 1, 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	D CHRISTENSEN, DICK 446 ROMINE CT SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CATHY WEISENFELD 12088 SAPPHIRE DR. SPRING HILL, FL. 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHANDLER, WILLIAM 369 LORENZO DR SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LISA MOLINEILLI 12138 PADRON BLVD. SPRING HILL, FL. 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIRECTOR NAPOLI, VINNY 12020 SAPPHIRE DR SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARIA GALLO 12053 JADE AVE SPRING HILL, FL. 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFONSO, HECTOR 12228 MANGO CT SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RODRIC MORGAN 12019 JADE AVE SPRING HILL, FL. 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARE, WILIAM 392 NESSLER WAY SPRING HILL FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY-TREASURER JANET MATLICK 456 DIAMOND DR. SPRING HILL, FL. 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL ~~LOMBART~~, JACQUELYN 445 ROMINE CT SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: WILLIAM CHANDLER PRESIDENT 1-31-07 (352)684-1782