

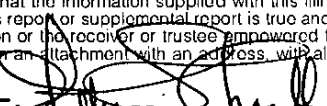
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 369 LORENZO DR. SPRING HILL FL 34609			Mailing Address 369 LORENZO DR. SPRING HILL FL 34609		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3345051	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when re-registering) 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	VICE 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 RODOLFO MORGAN 12019 JADE AVE SPRING HILL, FL. 34609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WARE, WILLIAM 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 LOMBARDI, 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**