


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
ANNUAL REPORT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 14 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42962

1. Corporation Name

PADRON'S WEST LINDEN ESTATES HOME-
OWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

369 LORENZO DR.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL.

Zip

34609

Country

U.S.A.

3. Mailing Office Address

369 LORENZO DR.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL.

Zip

34609

Country

U.S.A.

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-15-1991

5. FEI Number

59-3345051

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM CHANDLER

Street Address (P.O. Box Number is Not Acceptable)

369 LORENZO DR.

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

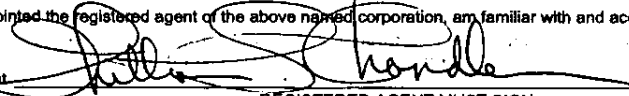
Zip Code

34609

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**



REGISTERED AGENT MUST SIGN

Date 7-10-2008

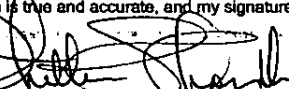
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

200133268872

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	WILLIAM CHANDLER	369 LORENZO DR.	SPRING HILL, FL 34609
VPO	CATHY WEISENFELD	12088 SAPPHIRE DR.	SPRING HILL, FL 34609
D	DICK CHRISTENSEN	446 RYMIN CT.	SPRING HILL, FL 34609
D	HECTOR ALFONSO	12228 MANGO CT.	SPRING HILL, FL 34609
D	KENNETH MAROTTE	12042 SAPPHIRE DR.	SPRING HILL, FL 34609
D	KATHY SANTANA	388 NESSLER WAY	SPRING HILL, FL 34609

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



WILLIAM L. CHANDLER PRES. 7-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-684-1782

* NEVER RECEIVED NOTICE FOR YEARLY DUES UNTIL THIS NOTICE OF
ITS INTENT TO DISSOLVE. #N42962