2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N42962

Entity Name: PADRON'S WEST LINDEN ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

369 LORENZO DR.
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

369 LORENZO DR.
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3345051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, WILLIAM
369 LORENZO DR.
SPRING HILL, FL 34609 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:	D	( ) Delete
Name:	CHRISTENSEN, DICK	
Address:	446 ROMINE CT	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	PD	( ) Delete
Name:	CHANDLER, WILLIAM	
Address:	369 LORENZO DR	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	MAROTTE, KENNETH	
Address:	12042 SAPPHIRE DR	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	ALFONSO, HECTOR	
Address:	12228 MANGO CT	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	VP	( ) Delete
Name:	WEISENFELD, CATHY	
Address:	12088 SAPPHIRE DR	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	SANTANA, KATHY	
Address:	388 NESSLER WAY	
City-St-Zip:	SPRING HILL, FL 34609	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM CHANDLER PD 01/21/2009

Electronic Signature of Signing Officer or Director — Date