2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N47459

Entity Name: PADDOCK PARK SOUTH HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

8880 S.W. 27TH AVE
A99
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

8880 S.W. 27TH AVE
A99
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 59-3110629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, BARBARA
8880 SW 27TH AVE
A92
OCALA, FL 34476 US

Name and Address of New Registered Agent:

CASEY, DONALD
8880 SW 27TH AVE
C3
OCALA, FL 34476 US

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: DONALD CASEY 03/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SEC ( ) Delete
Name: THOMPSON, BETTY
Address: 8880 SW 27 AVE A-79
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: WRIGHT, TERRY
Address: 8880 SW 27TH AVE. A-13
City-St-Zip: OCALA, FL 34476

Title: PRE ( ) Delete
Name: RUSSELL, BARBARA
Address: 8880 SW 27 AVE A-92
City-St-Zip: OCALA, FL 34476

Title: TRE ( ) Delete
Name: BORN, KAREN
Address: 8880 SW 27TH AVE. A-84
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: JOLEY, NANCY
Address: 8880 SW 27TH AVE, A-24
City-St-Zip: OCALA, FL 34476

Title: VPD ( ) Delete
Name: CASEY, DONALD
Address: 8880 SW 27TH AVE. C3
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LEITCH, BETTY
Address: 8880 SW 27TH AVE. B-20
City-St-Zip: OCALA, FL 34476

Title: D (X) Change ( ) Addition
Name: PORTER, SHARON
Address: 8880 SW 27 AVE A-53
City-St-Zip: OCALA, FL 34476

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: KAREN L BORN TRE 03/23/2009
Electronic Signature of Signing Officer or Director Date