

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90105 047 *****61.25

DOCUMENT # N97000001545

1. Entity Name

PADDOCK TRAIL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**GREENACRE PROPERTIES
4131 GUNN HWY
TAMPA FL 33624
US**

Mailing Address

**4131 GUNN HWY
TAMPA FL 33624
US**

90014304



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3448104**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENACRE PROPERTIES
4131 GUNN HWY
TAMPA FL 33624**

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

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 **PD** ☒ Delete
NAME **COLLINS, THOMAS**
STREET ADDRESS **5610 PADDOCK TRAIL**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **PD** ☐ Change ☒ Addition
NAME **WINSTON SCRUGGS**
STREET ADDRESS **5614 PADDOCK TRAIL DR.**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **VP/T** ☒ Delete
NAME **GARFI, ROSE**
STREET ADDRESS **5660 PADDOCK TRAIL**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VP/T D** ☐ Change ☒ Addition
NAME **TODD REYNOLDS**
STREET ADDRESS **5661 PADDOCK TRAIL DR.**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **SD** ☒ Delete
NAME **STEWART, ALPHONSE J**
STREET ADDRESS **5658 PADDOCK TRAIL DR.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **SD** ☐ Change ☐ Addition
NAME **LARRY WODZNICKI**
STREET ADDRESS **5648 PADDOCK TRAIL DR.**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**

1-22-03 (813) 961-2203

CR2E037 (10/02)