

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004399

**Entity Name:** THE PADDOCKS OF MILLWOOD HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**16022 NW 10TH CIRCLE  
CITRA, FL 32113**Current Mailing Address:**P.O. BOX 154  
CITRA, FL 32113**FEI Number: 59-3721898****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GREER, ROBERT  
16022 NW 10TH CIRCLE  
CITRA, FL 32113 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: ROBERT GREER****03/19/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** GREER, ROBERT  
**Address** 16022 NW 10 CIRCLE  
**City-State-Zip:** CITRA FL 32113**Title** SECRETARY  
**Name** BODE, SUZANNE  
**Address** 16351 NW 10TH CT.  
**City-State-Zip:** CITRA FL 32113**Title** DIRECTOR  
**Name** ALLEN, PAM  
**Address** 15964 NW 10TH CIRCLE  
**City-State-Zip:** CITRA FL 32113**Title** DIRECTOR  
**Name** SELWAY, ROBBIN  
**Address** 16051 NW 10TH CIRCLE  
**City-State-Zip:** CITRA FL 32113**Title** TREASURER  
**Name** BODE, SUZANNE SUZANNE BODE  
**Address** 16351 NW 10TH COURT  
**City-State-Zip:** CITRA FL 32113

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT GREER****PRESIDENT****03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date