

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004399

**FILED**  
**Feb 16, 2004**  
**Secretary of State****Entity Name:** THE PADDOCKS OF MILLWOOD HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 154  
CITRA, FL 32113**New Principal Place of Business:****Current Mailing Address:**PO BOX 154  
CITRA, FL 32113**New Mailing Address:****FEI Number:** 59-3721898**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HAAG, DENNIS J  
15964 NW 10TH CIRCLE  
CITRA, FL 32113 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: PD ( ) Delete  
Name: HAAG, DENNIS J  
Address: 15964 NW 10TH CIRCLE  
City-St-Zip: CITRA, FL 32113

Title: SD ( ) Delete  
Name: ROBERTS, NANCY  
Address: 1300 NW 161ST. STREET  
City-St-Zip: CITRA, FL 32113

Title: VD ( ) Delete  
Name: VALLE, RAFAEL  
Address: 13977 NW GAINESVILLE RD.  
City-St-Zip: REDDICK, FL 32686

Title: TD ( ) Delete  
Name: CROSLEY, STEFANIE  
Address: 13977 NW GAINESVILLE RD.  
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete  
Name: LEE, GRACE  
Address: 17 SADDLE RIDGE ROAD  
City-St-Zip: NEWTOWN, CT 06470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VD (X) Change ( ) Addition  
Name: VALLE, RAFAEL  
Address: 15952 NW 10TH CIRCLE  
City-St-Zip: CITRA, FL 32113

Title: TD (X) Change ( ) Addition  
Name: CROSLEY, STEFANIE  
Address: 15952 NW 10TH CIRCLE  
City-St-Zip: CITRA, FL 32113

Title: D (X) Change ( ) Addition  
Name: DOMINICK, ANN  
Address: 15995 NW 10TH CIRCLE  
City-St-Zip: CITRA, FL 32113

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY ROBERTS

SD

02/16/2004

Electronic Signature of Signing Officer or Director

Date