

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90302 042 \*\*\*\*70.00

**DOCUMENT # N00000004399**

1. Entity Name  
**THE PADDOCKS OF MILLWOOD HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 154  
CITRA, FL 32113**

Mailing Address  
**PO BOX 154  
CITRA, FL 32113**

**60026383**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3721898**

Applied For  
Not Applicable

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

**HAAG, DENNIS J  
15964 NW 10TH CIRCLE  
CITRA, FL 32113**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 HAAG, DENNIS J  
STREET ADDRESS 15964 NW 10TH CIRCLE  
CITY-ST-ZIP CITRA, FL 32113

TITLE S ☒ Change ☐ Addition  
NAME Losh, Karen  
STREET ADDRESS 16451 N.W. 10th Circle  
CITY-ST-ZIP Citra, FL 32113

TITLE SD ☒ Delete  
NAME ROBERTS, NANCY  
STREET ADDRESS 1300 NW 161ST. STREET  
CITY-ST-ZIP CITRA, FL 32113

TITLE T ☒ Change ☐ Addition  
NAME Shevlin, Patrick J.  
STREET ADDRESS 16050 N.W. 10th Circle  
CITY-ST-ZIP Citra FL 32113

TITLE VD ☐ Delete  
NAME VALLE, RAFAEL  
STREET ADDRESS 15952 NW 10TH CIRCLE  
CITY-ST-ZIP CITRA, FL 32113

TITLE D ☒ Change ☐ Addition  
NAME GREER, Robert  
STREET ADDRESS 16022 N.W. 10th Circle  
CITY-ST-ZIP Citra FL 32113

TITLE TD ☒ Delete  
NAME CROSLEY, STEFANIE  
STREET ADDRESS 15952 NW 10TH CIRCLE  
CITY-ST-ZIP CITRA, FL 32113

TITLE D ☒ Change ☐ Addition  
NAME Losh, William  
STREET ADDRESS 16451 N.W. 10th Circle  
CITY-ST-ZIP Citra, FL 32113

TITLE D ☐ Delete  
NAME DOMINICK, ANN  
STREET ADDRESS 15995 NW 10TH CIRCLE  
CITY-ST-ZIP CITRA, FL 32113

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained 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 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 or without power of attorney.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DENNIS J. HAAG

4/6/06

352-867-7060