

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 9:45**

**DOCUMENT # 730250 (8)**

1. Corporation Name  
**SADDLEBROOK GOLF AND COUNTRY CLUB PROPERTY OWNER  
S ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 7124 WESLEY CHAPEL FL 33543**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified **07/22/1974** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **59-2113734** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**REIBER, JACOB I.  
27429 HWY. 54 WEST  
WESLEY CHAPEL FL 33544**

10. Name and Address of New Registered Agent  
81 Name **DAVID MURPHY**  
82 Street Address (P.O. Box Number is Not Acceptable) **14217 THIRD ST.**  
83  
84 City **DADE CITY** FL 85 Zip Code **33525**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David J. Murphy* (David J. Murphy) DATE **4/5/95**  
Signature, typed or printed name of registered agent or applicant. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>LEWIS, BASIL</b>
STREET ADDRESS	<b>5074 FOXHUNT DR</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL</b>
TITLE	<b>VP</b>
NAME	<b>LACEY, JOSEPH</b>
STREET ADDRESS	<b>5118 FOXHUNT DR</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL</b>
TITLE	<b>ST</b>
NAME	<b>LEWIS, LINDA</b>
STREET ADDRESS	<b>5074 FOXHUNT DR</b>
CITY-ST-ZIP	<b>WESLEY DRIVE FL</b>
TITLE	<b>D</b>
NAME	<b>BEASMAN, KATHY</b>
STREET ADDRESS	<b>5039 FOXHUNT DR</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL</b>
TITLE	<b>D</b>
NAME	<b>JONES, RICHARD</b>
STREET ADDRESS	<b>5039 FOXHUNT DR</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL</b>
TITLE	<b>D</b>
NAME	<b>EMERY, STEVE</b>
STREET ADDRESS	<b>5225 FOXHUNT DR.</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5074 FOX HUNT DR.</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>5063 FOXHUNT DR</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Lewis* (Linda Lewis, Treasurer/Secretary) DATE **813-973 4726**  
Signature and typed or printed name of signing officer or director. Date Telephone #

730250

Page 2 of 2

ADDITIONAL

Directors

(7) MARK Reeves (D)  
5236 SADDLEBROOK WAY  
Wesley CHAPEL, FL 33543

(8) JERI WERNER (D)  
5319 SADDLEBROOK WAY  
Wesley CHAPEL, FL 33543

(9) Norma Reno (D)  
29430 HOLLY CT  
Wesley CHAPEL, FL 33543