

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **730250** (8)

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



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

3. Date Incorporated or Qualified: **07/22/1974**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2113734**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
**MURPHY, DAVID
14217 THIRD ST.
DADE CITY FL 33525**

10. Name and Address of New Registered Agent (81-85)
**Michael O'Halloran
3569 Webber St.
Sarasota FL 34239**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Michael O'Halloran* **Michael O'Halloran** DATE: **4-8-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE: P	NAME: LEWIS, BASIL	<input checked="" type="checkbox"/>
STREET ADDRESS: 5074 FOX HUNT DR. WESLEY CHAPEL FL		
TITLE: VP	NAME: LACEY, JOSEPH	<input checked="" type="checkbox"/>
STREET ADDRESS: 5118 FOXHUNT DR WESLEY CHAPEL FL		
TITLE: ST	NAME: LEWIS, LINDA	<input type="checkbox"/>
STREET ADDRESS: 5074 FOXHUNT DR WESLEY DRIVE FL		
TITLE: D	NAME: BEASMAN, KATHY	<input type="checkbox"/>
STREET ADDRESS: 5039 FOXHUNT DR WESLEY CHAPEL FL		
TITLE: D	NAME: JONES, RICHARD	<input type="checkbox"/>
STREET ADDRESS: 5063 FOX HUNT DR. WESLEY CHAPEL FL		
TITLE: D	NAME: EMERY, STEVE	<input type="checkbox"/>
STREET ADDRESS: 5225 FOXHUNT DR. WESLEY CHAPEL FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE: L	NAME: LINDA MEYERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: 5344 FOX HUNT DR. WESLEY CHAPEL, FL 33543			
21 TITLE: D	NAME: EDWARD GLICKMAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: 5053 FOX HUNT DR. WESLEY CHAPEL, FL 33543			
31 TITLE: T	NAME:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 TITLE: S/VP	NAME:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 TITLE: P	NAME:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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** DATE: **4-8-96** DAYTIME PHONE: **813-973-4726**

CR2E037 (12/95)