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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33543-7124
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3. Date Incorporated or Qualified 07/22/1974	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2113734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
O'HALLORAN, MICHAEL
3569 WEBBER STREET
SARASOTA FL 34239

10. Name and Address of New Registered Agent
81 Name Edward Sawyer
82 Street Address (P.O. Box Number is Not Acceptable) 5125 Pine Tree Lane
83
84 City Wesley Chapel FL 85 Zip Code 33543

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 *Edward Sawyer* Edward Sawyer 4/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, LINDA	
STREET ADDRESS	5344 FOX HUNT DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLICKMAN, EDWARD	
STREET ADDRESS	5053 FOX HUNT DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, LINDA	
STREET ADDRESS	5074 FOXHUNT DR	
CITY-ST-ZIP	WESLEY DRIVE FL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	BEASMAN, KATHY	
STREET ADDRESS	5039 FOXHUNT DR	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RICHARD	
STREET ADDRESS	5063 FOX HUNT DR.	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	EMERY, STEVE	
STREET ADDRESS	5225 FOXHUNT DR.	
CITY-ST-ZIP	WESLEY CHAPEL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward Sawyer	
1.3 STREET ADDRESS	5125 Pine Tree Lane	
1.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
2.1 TITLE	D, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Toni Briggs	
2.3 STREET ADDRESS	29448 Azalea Lane	
2.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
3.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Guilford	
3.3 STREET ADDRESS	29443 Azalea Lane	
3.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Lapan	
4.3 STREET ADDRESS	5136 Cricket Lane	
4.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lee Nettles	
5.3 STREET ADDRESS	29318 Whippoorwill Lane	
5.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Toni Briggs* 4/23/97 813-973-0546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045956

CR2E037 (9/96)