

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 07/22/1974	
4. FEI Number 59-2113734	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SAWYER, EDWARD
5125 PINE TREE LANE
WESLEY CHAPEL FL 33543**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWYER, EDWARD	1.2 NAME	Jeff DuPont
STREET ADDRESS	5125 PINE TREE LANE	1.3 STREET ADDRESS	5210 Londonderry Lane
CITY-ST-ZIP	WESLEY CHAPEL FL	1.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, TONI	2.2 NAME	Bruce German
STREET ADDRESS	29448 AZALEA LANE	2.3 STREET ADDRESS	5254 Saddlebrook Way
CITY-ST-ZIP	WESLEY CHAPEL FL	2.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFORD, ROBERT	3.2 NAME	
STREET ADDRESS	29443 AZALEA LANE	3.3 STREET ADDRESS	Wesley Chapel, FL 33543
CITY-ST-ZIP	WESLEY DRIVE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPAN, MICHAEL	4.2 NAME	
STREET ADDRESS	5136 CRICKET LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTLES, LEE	5.2 NAME	
STREET ADDRESS	29318 WHIPPOORWILL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	5.4 CITY-ST-ZIP	
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14. I 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: *Antonio (Toni) Briggas* 4/29/98 813/973-0546

CR2E037 (10/97)