


FILE NOW: FILING FEE IS \$61.25

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May 03, 1999 8:00 am
Secretary of State

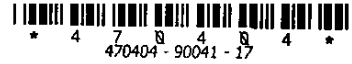
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730250

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/22/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2113734
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAWYER, EDWARD 5125 PINE TREE LANE WESLEY CHAPEL FL 33543		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, JEFF	1.2 NAME	
STREET ADDRESS	5210 LONDONDERRY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAN, BRUCE	2.2 NAME	
STREET ADDRESS	5254 SADDLEBROOK WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	2.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILFORD, ROBERT	3.2 NAME	Toni Briggs
STREET ADDRESS	29443 AZALEA LANE	3.3 STREET ADDRESS	29448 Azalea Lane
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	3.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Edward Sawyer
STREET ADDRESS		4.3 STREET ADDRESS	5125 Pine Tree Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thomas O'Shaughnessy
STREET ADDRESS		5.3 STREET ADDRESS	5239 Saddlebrook Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Autonette (Toni) Briggs* **SIGNATURE REQUIRED** 4/29/99 813/973-0546
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)