2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730250

FILED Mar 31, 2009 Secretary of State

Entity Name: SADDLEBROOK GOLF AND COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.

| BRUCE NDERRY L APEL, FL 3 med entity Florida. | ss: FEI Number Applied For () Current Registered Agent: N 33543 US submits this statement for the p | urpose of changing its registere | ss: FL 33545 Certificate of Status Desired () of New Registered Agent: ed office or registered agent, or both, | |
|--|--|--|---|--|
| 24 S, FL 3354 -2113734 ddress of (BRUCE NDERRY L APEL, FL 3 med entity Florida. | FEI Number Applied For () Current Registered Agent: N 33543 US submits this statement for the p | P.O. BOX 7124 WESLEY CHAPEL, F FEI Number Not Applicable () Name and Address of the second strength of the seco | Certificate of Status Desired () of New Registered Agent: ed office or registered agent, or both, | |
| S, FL 3354 -2113734 ddress of (BRUCE NDERRY L APEL, FL 3 med entity Florida. | FEI Number Applied For () Current Registered Agent: N 33543 US submits this statement for the p | WESLEY CHAPEL, F FEI Number Not Applicable () Name and Address of urpose of changing its registered | Certificate of Status Desired () of New Registered Agent: ed office or registered agent, or both, Date | |
| ddress of (BRUCE NDERRY L APEL, FL (med entity Florida. | Current Registered Agent: N 33543 US submits this statement for the p | Name and Address of urpose of changing its registered nt | of New Registered Agent: ed office or registered agent, or both, Date | |
| BRUCE NDERRY L APEL, FL 3 med entity Florida. | .N 33543 US submits this statement for the p nic Signature of Registered Age | urpose of changing its registere | ed office or registered agent, or both, Date | |
| NDERRY L APEL, FL 3 med entity Florida. | 33543 US submits this statement for the p nic Signature of Registered Age | nt | Date | |
| Florida. | nic Signature of Registered Age | nt | Date | |
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| | TORS: | ABBITIONS | | |
| ND DIREC | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| ASELTINE, B 136 LONDON | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| EWIS, LINDA 074 FOX HUN | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| OSTER, NAÑ 485 SADDLE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| ROCKETT, B 144 LONDON | DERRY LN | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| (| NORMAN DERRY LN | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| ALVORSEN, I 140 LONDON |) Delete | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | () VORSEN, N D LONDON SLEY CHAR | SLEY CHAPEL, FL 33543 () Delete VORSEN, NORMAN D LONDONDERRY LN SLEY CHAPEL, FL 33543 () Delete VIS, BASIL 4 FOX HUNT DR SLEY CHAPEL, FL 33543 | () Delete Title: VORSEN, NORMAN Name: D LONDONDERRY LN Address: City-St-Zip: () Delete Title: VIS, BASIL Name: 4 FOX HUNT DR Address: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LEWIS S/T 03/31/2009