FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733153 (1)

1. Corporation Name
SADDLEBROOK GOLF AND COUNTRY CLUB CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SADDLEBROOK GOLF & COUNTRY CLUB WESLEY CHAPEL FL 33543 US	5420 LADY BUG LANE UNIT 4 WESLEY CHAPEL FL 33543 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1975
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-1499832 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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

T
MAGNUSON, NANCY K.
5420 LADY BUG LANE
UNIT 4
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	D ☒ Change ☐ Addition
NAME	FORREST, EMERY	1.2 NAME	FORREST EMERY
STREET ADDRESS	5439 LADY BUG LANE, #2	1.3 STREET ADDRESS	5439 LADY BUG LANE #2
CITY-ST-ZIP	WESLEY CHAPEL FL	1.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	RAINEY, CRAIG A.	2.2 NAME	P CRAIG A RAINEY
STREET ADDRESS	5434 SADDLEBROOK WAY, #1	2.3 STREET ADDRESS	5434 SADDLEBROOK WAY #1
CITY-ST-ZIP	WESLEY CHAPEL FL	2.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	SHOWALTER, JERRY	3.2 NAME	V IVAN LUCAS
STREET ADDRESS	5440 LADY BUG LANE	3.3 STREET ADDRESS	5439 LADY BUG LN #1
CITY-ST-ZIP	23SLEY CHAPEL FL	3.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	S	4.1 TITLE	☐ Change ☒ Addition
NAME	TUCCILLO, MARY LOU	4.2 NAME	S CHERYL BURBANO
STREET ADDRESS	5434 SADDLEBROOK WAY, UNIT 4	4.3 STREET ADDRESS	302 HICKORY HILL LANE
CITY-ST-ZIP	WESLEY CHAPEL, FL 00000	4.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	D MARY LOU TUCCILLO
STREET ADDRESS		5.3 STREET ADDRESS	5434 SADDLEBROOK WAY #4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Nancy K. Magnuson NANCY K. MAGNUSON 4-21-95 813-973-2701
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

000744B