2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733153

1. Entity Name

SADDLEBROOK GOLF AND COUNTRY CLUB CONDOMINIUMS A SSOCIATION, INC.



FILED Feb 27, 2003 8:00 am § Secretary of State

02-27-2003 90141 023 ****61.25

Principal Place of Business SADDLEBROOK GOLF & COUNTRY CLUB WESTLEY CHAPEL FL 33543 US 2. Principal Place of Business			Mailing Address 5420 LADY BUG LANE UNIT 4 WESLEY CHAPEL FL 33543 US 3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			T TABUNT MARKE THOSE THAS THESE WITHOUT THE STATE OF THE				
			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-1499832 Applied For Not Applicable				
Zip Country			Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				7
6. Name and Address of Current			egistered Agent			7. Name and Add	Iress of New Regist	•	eu .	┥
5420 LA UNIT 4	SON, NANCY Dy Bug Lan	NE .		Name Street	Address (P.	O. Box Number is f				- - -
WESLEY	CHAPEL FL	. 33543		City			FL Zip Code			
SIGNATURE	Nan) \	the purpose of changing its re	egistered office of			2-25		, and accept	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	IVD	OFFICERS AND DIRE		11.	A	DDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	l 10	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOODWOF 5352 SADD WESLEY C	rth, fred Dlebrook way unit 3 Hapel fl 33543	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOO 535 WES	DWORTH 2-3 SADI LEY CHAN	Feed LEBEOOK DEL, FL 33	© Change Way 543	☐ Addition	00/04/200
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, CONNIE BUG LANE #1 HAPEL FL 33543	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST	EVE CEE	APEL, FL 3	☐ Change	X Addition	יניםט
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5420 LADY	N, NANCY K BUG LANE IAPEL FL 33543	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	544	HE KAEV 14-4 SA SLEY CHA	CLLAS DOLEBROO APEL, FL 3	Change	Addition	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, =,	<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5454 SADDI WESTLEY C	ITH, JANETTE LEBROOK WAY #3 CHAPEL FL 33543	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Change	Addition	
	D TUCCILLO, 5453 SADDI	MARY LOU FRROOK WAY #4	☐ Delete	TITLE NAME				☐ Change	☐ Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Nom

DADE CITY FL 33525

ver K. MAGNUSON

1-813-973-2701