
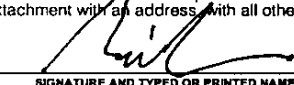


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90040 008 ****61.25

DOCUMENT # N40260 1. Entity Name SADDLEWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33624		Mailing Address 4131 GUNN HWY TAMPA, FL 33624			
2. Principal Place of Business - No P.O. Box # 4131 GUNN HIGHWAY TAMPA, FL 33618 US		3. Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618 US			
4. FEI Number 59-3132292		Applied For Not Applicable		01042008 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 2401 WEST BAY DRIVE, STE 414 LARGO, FL 33770			7. Name and Address of New Registered Agent Name Street BECKER & POLIAKOFF, P.A. 311 PARK PLACE BLVD, STE 250 CLEARWATER, FL 33579		
City FL Zip Code			City _____ Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HABER, RICHARD M. 1311 NORTH CHURCH AVE. TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREW, LYNN J 1311 N CHURCH RD AVE TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUNO, FRED 27848 LINCOLN PLACE WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard Haber Date 3/25/08 Daytime Phone # _____					